Edgar Filing: Celi Ivo - Form 4

Celi Ivo

Form 4	017										
August 23, 2										PROVAL	
FORM	UNITE	D STATES			ND EXC , D.C. 205		IGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	ger STATE 6. r	IGES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: January 3 20 Estimated average burden hours per response				
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 1'	7(a) of the 1	Public U	tility Hold		pany .	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type F	Responses)										
Celi Ivo Symbol			UMBUS MCKINNON CORP				5. Relationship of Reporting Person(s) to Issuer				
COLU [CMC0							(Check all applicable)				
(Mont			(Month/E	Date of Earliest Transaction onth/Day/Year) /21/2017				Director 10% Owner X Officer (give title Other (specify below) below) Vice President - EMEA			
				if Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
GETZVILL	E, NY 14068							Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	ecuriti	ies Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8)	4. Securition(A) or Disp (Instr. 3, 4)	posed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	08/21/2017			Code V A	Amount 13.5886 (1)	(D) A	Price \$ 0	(insu: 3 and 4) 43,976.6104 (2)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Celi Ivo 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068			Vice President - EMEA					
Signatures								
Mary C. O'Connor, Power of Atto Ivo Celi	orney for		08/23/2017					
**Signature of Reporting Person	1		Date					

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents additional restricted stock units attributable to dividend reinvestment.

Includes 10,495.6104 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 879.9102 shares become fully vested and non-forfeitable on 5/19/2018; 1,767.5616 shares become fully vested and non-forfeitable 50% per year for two years

(2) beginning 5/18/2018; 4,392.6303 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; and the remaining 3,455.5083 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.