Edgar Filing: Korman Alan S - Form 4

| Korman Alai Form 4 | | | | | | | | | | |
|---|------------------------------------|--------------------------------------|---|--------|--|----------------|---|--|---|------------------------------------|
| August 23, 2 FORM | 4 UNITE | D STATES | | | ND EXC D.C. 2054 | | GE C | OMMISSION | OMB Number: | PROVAL 3235-0287 January 31, |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) | | | | | | 2005 verage | | | | |
| 1. Name and A Korman Ala | ddress of Reportin In S | ng Person <u>*</u> | Symbol | ABUS M | l Ticker or T | | | 5. Relationship of Issuer (Check | Reporting Pers | |
| (Last) 205 CROSS | (First) POINT PARK | (Middle) WAY | 3. Date of (Month/D 08/21/2 | - | ansaction | | | Director X_Officer (give below) VP, Gen'l (| | Owner er (specify retary |
| | | | Amendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GETZVILL | E, NY 14068 (State) | (Zip) | | | | | | Form filed by M Person | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ate 2A. Deen ar) Execution any | ned | 3. | A. Securitie 4. Securitie on(A) or Disp (Instr. 3, 4 a) Amount | s Acquosed c | uired of (D) | uired, Disposed of, 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 |
| Common Stock | 08/21/2017 | | | А | 12.3291 (1) | А | \$0 | 11,620.6572 (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)

Edgar Filing: Korman Alan S - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | |
| Korman Alan S 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068 | | | VP, Gen'l Counsel & Secretary | | | | |

Signatures

| Alan S. Korman | 08/23/2017 |
|----------------|------------|
|----------------|------------|

<u>**</u>Signature of Reporting Person

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 9,507.6572 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 443.5402 shares become fully vested and non-forfeitable on 5/19/2018; 991.7076 shares become fully vested and non-forfeitable 50% per year for two years

(2) beginning 5/18/2018; 4,389.6048 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; and the remaining 3,682.8046 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.