

MCCORMICK PETER M
Form 3
February 08, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

^ MCCORMICK PETER M

(Last) (First) (Middle)

205 CROSSPOINT PARKWAY

(Street)

GETZVILLE, ^ NY ^ 14068

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

01/29/2018

3. Issuer Name and Ticker or Trading Symbol

COLUMBUS MCKINNON CORP [CMCO]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner

☒ Officer ___ Other

(give title below) (specify below)

VP-CraneSolutions

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group

Filing(Check Applicable Line)

☒ Form filed by One Reporting Person

___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities Beneficially Owned
(Instr. 4)

3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)

4. Nature of Indirect Beneficial Ownership
(Instr. 5)

Common Stock

74,425 ⁽¹⁾

D ^

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and Expiration Date
(Month/Day/Year)

Date Exercisable Expiration Date

3. Title and Amount of Securities Underlying Derivative Security
(Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security:
Direct (D)
or Indirect

6. Nature of Indirect Beneficial Ownership
(Instr. 5)

| | | | | Shares | | (I) (Instr. 5) | |
|--|------------|------------|--------------|-----------------------|----------|-------------------|---|
| Non-Qualified Stock Options (Right to Buy) | 05/23/2017 | 05/23/2026 | Common Stock | 20,642 ⁽²⁾ | \$ 15.16 | D | Â |
| Non-Qualified Stock Options (Right to Buy) | 05/22/2018 | 05/22/2027 | Common Stock | 15,910 ⁽³⁾ | \$ 24.33 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|---------------------|-------|
| | Director | 10% Owner | Officer | Other |
| MCCORMICK PETER M 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068 | Â | Â | Â VP-CraneSolutions | Â |

Signatures

Peter M.
McCormick

02/08/2018

 Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

- Includes 41,104 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 26,000 shares become fully vested and non-forfeitable on 9/30/2018; 4,953 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; 4,821 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018; and the remaining 5,330 shares become fully vested and non-forfeitable 50% per year for two years beginning 11/13/2018, if reporting person remains an employee of issuer.
- (1) Exercisable 25% per year for four years beginning 5/23/2017, if reporting person remains an employee of issuer.
- (2) Exercisable 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.