### Edgar Filing: Korman Alan S - Form 4

Korman Ala	an S											
Form 4 May 23, 20	18											
	ЛЛ								OMB AP	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check the check	nger									January 31, 2005		
subject to STATEMENT OF CHAN Section 16.				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per			
Form 4 Form 5		rsuant to 9	Section	16(a) of t	he Securitie	s Fra	rhange	Act of 1934,	response	0.5		
obligati	ons Section 17						•					
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type	Responses)											
Vanna Alan C				8				5. Relationship of Reporting Person(s) to Issuer				
COLU			•	MBUS MCKINNON CORP				(Check all applicable)				
(Last)	(First)	(Middle)			Transaction			Director		Owner		
205 CROSSPOINT PARKWAY(Month/) 05/19/2				h/Day/Year) 0/2018				_X_ Officer (give title Other (specify below) below) VP, Gen'l Counsel & Secretary				
(Street) 4. If Amo			endment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mo				lonth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
GETZVILI	LE, NY 14068							Form filed by Mo Person				
(City)	(State)	(Zip)	Tal	ole I - Non-	-Derivative Se	ecuriti	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securities our Disposed (Instr. 3, 4 a	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	05/19/2018			Code V F	Amount 151.0701 (1)	(D) D	Price \$ 37.91	14,569.7455	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)	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**

<b>Reporting Owner Name / Address</b>	Relationships							
FB	Director	10% Owner	Officer	Other				
Korman Alan S 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068			VP, Gen'l Counsel & Secretary					

## Signatures

Alan S. Korman 05/23/2018

<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 shares withheld to satisfy tax withholding obligation upon vesting of 445.0701 shares of restricted stock on 5/19/2018.

Includes 13,946.7455 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 4,404.9855 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; 3,695.8000 shares become fully vested and

(2) Infly vested and non-forfeitable 55.55% per year for four years beginning 5/22/2018, s,055.8000 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, and the remaining 5,348.3855 shares become fully vested and non-forfeitable 50% per year for two years beginning 11/15/2018, 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.