Edgar Filing: Sugarman Gary L - Form 4

| Sugarman Ga Form 4 | 5 | | | | | | | | | | | |
|--|--|-------------------|------------------|--|--------------|---|--|---|------------------|--|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | OMB APPROVAL | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or | er STATE | DOX | | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 R | esponses) | | | | | | | | | | | |
| Sugarman Gary L Symbol TELE | | | Symbol TELEPH | EPHONE & DATA SYSTEMS | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of (Month/D: 30 N. LASALLE STREET, STE. 03/01/20 4000 | | | | Earliest Transaction (ay/Year) | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| CHICAGO, | IL 60602 | | | | | | | | More than One Re | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | lecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | on Date, if | 3. 4. Securities f TransactionAcquired (A) or Code Disposed of (D) c) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Common Shares | 03/01/2018 | | | Code V A | Amount 3,510 | (D) A | Price (<u>1)</u> | (Instr. 3 and 4) 26,741 | 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. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | 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 | | Relationsh | | |
|---|----------|------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| Sugarman Gary L 30 N. LASALLE STREET, STE. 4000 CHICAGO, IL 60602 | Х | | | |
| Signatures | | | | |
| Julie D. Mathews, by power of atty | 03/05/20 | 18 | | |
| **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) Shares acquired pursuant to a compensation plan for non-employee directors.

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.