Edgar Filing: Lewnes Ann - Form 4

Lewnes Ann	L											
Form 4												
October 17,	2018											
FORM 4 LINITED STATES SECURI					RITIES AND EXCHANGE COMMISSION				OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE CO	OMMISSION	OMB Number:	3235-0287		
Check th if no long									Expires:	January 31,		
subject to		IENT OF	F CHAN		GES IN BENEFICIAL OWNERSHIP OI					Estimated average		
	ection 16. SECURITIES								burden hours per			
Form 4 o									response	0.5		
Form 5 obligatio	n o -						-	Act of 1934,				
may cont				•	•	· ·	•	1935 or Section	1			
See Instr	uction	30(h)	of the In	vestment	Compar	іу Ас	t of 1940)				
1(b).												
(Print or Type I	Responses)											
× 51	1 /											
1. Name and A	Address of Reporting	Person [*]	2. Issue	r Name and	Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	on(s) to		
Lewnes Ann Symbol				-				Issuer				
								(Check all applicable)				
(Last)	(First) (N	Middle)	3. Date of	Date of Earliest Transaction				(Check all applicable)				
		,		onth/Day/Year)				Director	10%	Owner		
				/17/2018				XOfficer (give titleOther (specify below)				
								· · · · · · · · · · · · · · · · · · ·	f Marketing Of	ficer		
	(Street)		4 If Ame	ndment Da	te Origina	1			-			
				Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
T Hea(Mo)				nui/Day/Teat)				_X_ Form filed by One Reporting Person				
SAN JOSE,	CA 95110							Form filed by M Person	ore than One Rej	porting		
	(54-4-)	(7:										
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securit			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio		-		Securities Beneficially	Ownership	Indirect		
(Instr. 3)		any (Month/Da	ay/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			3)	Owned	Form: Direct Be (D) or Or	Ownership		
		``	,					Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insur 5 and 1)				
Common Stock	10/17/2018			S <u>(1)</u>	2,910	D	\$ 261.21	55,647	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

Reporting Owner Name / Address	Relationships							
I O	Director	10% Owner	Officer	Other				
Lewnes Ann ADOBE INC. 345 PARK AVENUE SAN JOSE, CA 95110			EVP, Chief Marketing Officer					
Signatures								
/s/ Allison Blais, as attorney-in-fact		10/17/2018						
**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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person December 21, 2017.

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.