BLACK BOX CORP

Form 4 May 26, 2017

FORM 4

Form 4 or

obligations

Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

may continue. See Instruction

1(b).

(Last)

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 * Crouch Richard L

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

BLACK BOX CORP [BBOX]

(Check all applicable)

1000 PARK DRIVE

3. Date of Earliest Transaction

(Month/Day/Year) 05/24/2017

_X__ Director 10% Owner Other (specify Officer (give title below)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Person

LAWRENCE, PA 15055

(City)	(State) (Zip) Table	e I - Non	ı-De	erivative S	ecurit	ies Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Instr. 8		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Stock, \$.001 par	05/24/2017		Code A	V	Amount 12,350 (1)	(D)	Price \$ 0 (1)	(Instr. 3 and 4) 14,050 (2)	D	
value Common Stock, \$.001 par	05/24/2017		G	V	12,350	D	\$ 0	1,700	D	
value Common Stock, \$.001 par	05/24/2017		G	V	12,350	A	\$ 0 (3)	48,150	I	By Spouse
value										_

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	1
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						1
	·				(A) or						1
					Disposed						,
					of (D)						,
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						•	Date	Title	Number		
						LACICISABIC	acisuote Bute	C	of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

10% Owner Officer Other Director

Crouch Richard L 1000 PARK DRIVE X

Signatures

/s/ Ronald Basso by Power of Attorney for Richard L. 05/26/2017 Crouch

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).
- Grant of restricted stock units, 100% of which vested immediately on the date of grant, under the Black Box Corporation 2008 Long-Term Incentive Plan.
- (2) This number includes restricted stock units previously granted under the Black Box 2008 Long-Term Incentive Plan.
- (3) Gift of securities to the reporting person's spouse.
- (4) The reporting person disclaims beneficial ownership of shares held by the reporting person's spouse.

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.

Reporting Owners 2

9. Ni

SEC 1474

(9-02)

Deriv Secu

Bene Follo Repo Trans (Insti

LAWRENCE, PA 15055

**Signature of Reporting Person

Date