#### **GUILFOILE MARY**

Form 4 April 03, 2018

### FORM 4

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

**OMB APPROVAL OMB** 3235-0287

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Number: January 31, Expires: 2005

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Estimated average burden hours per response... 0.5

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 See Instruction

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

03/30/2018

Stock

1. Name and A GUILFOILI	Symbol C H RC	2. Issuer Name <b>and</b> Ticker or Trading Symbol C H ROBINSON WORLDWIDE INC [CHRW]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) 14701 CHA	(First) (N	fiddle) 3. Date of (Month/E	3. Date of Earliest Transaction (Month/Day/Year) 03/30/2018				_X_ Director Officer (give below)		Owner or (specify
EDEN PRA	(Street)  JIRIE, MN 55347		ndment, Da nth/Day/Year	Č			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person		rson
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative S	Secur	ities Acq	uired, Disposed of	f, 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. Transactic Code (Instr. 8)	4. Securit on(A) or Di (Instr. 3,	spose	d of (D) 5)	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	00/00/0010			100 (1)		\$	2 000	<b>D</b>	

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

A

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

3,098

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

120 (1) A

#### Edgar Filing: GUILFOILE MARY - Form 4

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. Transact Code (Instr. 8)	Derivative	Expiration Date ive (Month/Day/Year) ies ed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (Restricted Stock Units)	(2)	03/30/2018		A	360 (3)	<u>(4)</u>	<u>(4)</u>	Common Stock	360	\$

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer Other				
GUILFOILE MARY							
14701 CHARLSON ROAD	X						
EDEN PRAIRIE, MN 55347							

### **Signatures**

/s/ Ben G. Campbell, Attorney-in-Fact for Mary
Guilfoile
04/03/2018

\*\*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 reporting person was granted 120 shares at a price of \$93.71 per share in connection with her election to receive shares in lieu of a portion of the quarterly cash retainer payment.
- (2) Each phantom share/restricted stock unit will be paid in one share of common stock.
- (3) The reporting person was granted 360 restricted stock units at no cost as a quarterly installment of the annual equity-based award provided to each non-employee director.
- The restricted stock units are immediately vested, and following the reporting person's termination of service as a director, become payable in shares of common stock according to the schedule previously chosen by the reporting person.

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.

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