Edgar Filing: LKQ CORP - Form 4

LKO CORP

Form 4												
January 14, 2	2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
	UNITE	D STATES				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP						Expires: Estimated a burden hou response	rs per			
Form 5 obligation may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the		ility Ho	oldi	ing Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type R	(esponses)											
Wagman Robert L Sym			Symbol	2. Issuer Name and Ticker or Trading Symbol LKQ CORP [lkq]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Chec					ek all applicable)				
-	ORPORATIO DISON STREE		(Month/D 01/10/20	-					Director X Officer (give below) Pres		• Owner er (specify	
	(Street) 4. If Amendr Filed(Month/I				dment, Date Original n/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
CHICAGO,	IL 60661								Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	Code	3)	4. Securit n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/14/2014			A <u>(1)</u>		50,500	A	\$ 0	390,028	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)

Edgar Filing: LKQ CORP - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amou Under Securi (Instr.	nt of lying	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						
	Director	10% Owner	Officer	Other				
Wagman Robert L C/O LKQ CORPORATION 500 WEST MADISON STREET, SUITE CHICAGO, IL 60661	2800		President and CEO					
Signatures								
/s/ Victor M. casini, Attorney-in-fact	01/14/2014							
**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).

The transaction represents an award of restricted stock units that are subject to two vesting conditions, each of which must be satisfied: (a) time-based vesting equal to 16.67% of the number of restricted stock units subject to the award on July 14, 2014 and on each six-month anniversary of July 14, 2014; and (b) a performance-based condition of positive fully-diluted earnings per share of the Company (subject

(1) to adjustment for certain extraordinary items) for any of the first five fiscal years ending after the grant date. If and when the performance-based condition is met, all restricted stock units that had previously met the time-based vesting condition will vest immediately and the remaining restricted stock units will vest according to the remaining schedule of the time-based condition. If the performance-based condition is not met, all restricted stock units will be forfeited.

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.