Edgar Filing: Berman Michael B - Form 4

Berman Mich Form 4	ael B										
January 07, 20)19										
FORM	Л									PPROVAL	
		SECURITIES AND EXCHANGE C Washington, D.C. 20549					OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed p Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940							burden hou response	Estimated average burden hours per response 0.5	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Berman Michael B			2. Issuer Name and Ticker or Trading Symbol Skyline Champion Corp [SKY]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O SKYLINE CHAMPION CORPORATION, 2520 BY-PASS			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2019					X_ Director 10% Owner Officer (give title Other (specify below) below)			
ROAD											
				nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
ELKHART,	IN 46514							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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 Stock	01/03/2019			А	6,667 (1)	A	\$0	6,667	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)

Reporting Owners

Edgar Filing: Berman Michael B - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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	Othe		
Berman Michael B C/O SKYLINE CHAMPION CORPORATIC 2520 BY-PASS ROAD ELKHART, IN 46514	DN X					
Signatures						
/s/ Roger K. Scholten, Attorney-in-Fact	01/07/2019					
**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).

Represents restricted stock units ("RSUs") granted to the Reporting Person under the Issuer's 2018 Equity Incentive Plan. Each RSU represents the contingent right to receive one share of Common Stock. Subject to the terms of the award agreement evidencing the grant (1) of the RSUs, the RSUs vest in full on July 1, 2019, provided that the Reporting Person remains in continuous service with the Issuer through the vesting date.

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.