Edgar Filing: WELLS DAVID B - Form 4

| Form 4 | AVID B | | | | | | | | |
|--|---|---|---|-------------------------------------|--|--|--|---|--|
| January 03, | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | PPROVAL 3235-0287 | |
| Check t if no lor | nger STATEN | MENT OF CHA | C | Number: Expires: | January 31, 2005 | | | | |
| subject Section Form 4 | 16. | | SECU | Estimated burden hou response | urs per | | | | |
| Form 5 obligati may con <i>See</i> Inst 1(b). | ntinue. Section 170 | | Utility Ho | lding Con | npany Act | nge Act of 1934, a of 1935 or Secti 1940 | | | |
| (Print or Type | e Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> WELLS DAVID B | | | uer Name an 1 | | Trading | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | NETH | FLIX INC | [NFLX] | | (Check all applicable) | | | | |
| (Last) 100 WINC | (Month | of Earliest 7 h/Day/Year) /2018 | ransaction | | Director 10% Owner X Officer (give title Other (specify below) below) CFO | | | | |
| | (Street) | | mendment, D Ionth/Day/Yea | - | 1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| LOS GAT | OS, CA 95032 | | | | | Person | More than One R | eporting | |
| (City) | (State) | (Zip) Ta | able I - Non- | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Date, if TransactionAcquired (A) or Code Disposed of (D) | | (A) or of (D) and 5) (A) | 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) | |
| | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | | |
| Reminder: Re | eport on a separate line | e for each class of se | curities bene | - | - | - | | | |
| | | | | inforn requir | nation con ed to resp | spond to the colle tained in this forn ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |

 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. Number | 6. Date Exercisable and | 7. Title and Amour |
|-------------|-------------|---------------------|--------------------|------------|----------------|-------------------------|--------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | nof Derivative | Expiration Date | Underlying Securit |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

number.

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| (Instr. 3) Price of Derivative Security | | | (Month/I | Day/Year) | (Instr. 8 | 3) | Acquired (A) or Disposed (D) (Instr. 3, and 5) | l of | | | | |
|---|-----------|------------|---------------|-----------|-----------|----|---|------|---------------------|--------------------|-----------------|---------------------------------|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Share |
| Non-Qualified Stock Option (right to buy) | \$ 201.07 | 01/02/2018 | 8 | | А | | 1,979 | | 01/02/2018 | 01/02/2028 | Common Stock | 1,9 |
| Reporting | g Ownei | rs | | | | | | | | | | |
| Reporting Owner Name / Address | | s | Relationships | | | | | | | | | |
| | | Director | 10% Owner | Officer | Other | | | | | | | |
| WELLS DAVID B 100 WINCHESTER CIRCLE LOS GATOS, CA 95032 | | , | | CFO | | | | | | | | |

Signatures

By: Carole Payne, Authorized Signatory For: David B. 01/03/2018 Wells

**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).

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.