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LINDNER (Form 4 May 15, 201											
FORM Check th if no lon subject t Section Form 4 of Form 5 obligation may com <i>See</i> Instr 1(b).	A 4 UNITED his box ger o 16. or Filed pur Section 17(Wa F CHAN Section I Public U	nshing NGES SEC 16(a) c Utility 1	ton IN CUF of th Hol	, D.C. 20 BENEF RITIES	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB AP OMB Number: Expires: Estimated av burden hour response				
	Responses) Address of Reporting CARL H III	Person <u>*</u>	Symbol	ICAN		d Ticker or		l	5. Relationship of F ssuer (Check	Reporting Perso all applicable)	
(Last) 301 EAST	3. Date of Earliest Transaction						_X Director 10% Owner _X Officer (give title Other (specify elow) below) Co-CEO & Co-President				
CINCINNA (City)	(Street) ATI, OH 45202 (State)	(Zip)	Filed(Mo	onth/Day	/Yea			- - I	 5. Individual or Join Applicable Line) X_ Form filed by Or Form filed by Mo Person 	ne Reporting Per ore than One Rep	son porting
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	ed Date, if	3. Transa Code	actio 8)		ies Ac ed of (quired (A) (D)	ired, Disposed 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	05/11/2018			M	•	50,000	A	\$ 34.34	2,874,566 <u>(1)</u>	Ι	#1 (2)
Common Stock	05/11/2018			S	v	50,000	D	\$ 111.877	2,824,566	Ι	#1 (2)
Common Stock									674,162 <u>(1)</u>	Ι	#2 <u>(3)</u>
Common Stock									1,248,500	Ι	#12 <u>(4)</u>
Common Stock									1,428,174	Ι	#26 <u>(5)</u>

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Stock						2,311,386	Ι	#29 <u>(6)</u>
Reminder: R	eport on a sep	parate line for each cla	uss of securities benef	ficially ow	ned directly or in	directly.		
	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.					SEC 1474 (9-02)		
			ative Securities Acq puts, calls, warrants	. ,	• ·	·		
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. Number of iorDerivative	6. Date Exercisa Expiration Date		7. Title and Amount of Underlying Securities

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)			Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		D S (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option Exercise	\$ 34.34	05/11/2018		М		50,000	(7)	02/16/2021	Common Stock	0	

Reporting Owners

Common

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LINDNER CARL H III 301 EAST FOURTH STREET CINCINNATI, OH 45202	Х		Co-CEO & Co-President					
Signatures								
Carl H. Lindner III By: Karl J. C Attorney-in-Fact	Grafe, as		05/15/2018					

**Signature of Reporting Person

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).

Date

- (1) On May 1, 2018, Indirect #1 transferred 636,064 shares of common stock to Indirect #2.
- (2) Indirect #1: CHL III, TTEE (or his Successors) of the Carl H. Lindner III Family Trust DTD 8/29/02 as Amended.
- (3) Indirect #2: Martha S. Lindner, (or her Successor) of the Martha S. Lindner Family Trust DTD 8/30/02 as amended.

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- (4) Indirect #12: Seraphim Partners LLC fka CHL Investments, LLC
- (5) Indirect #26: CHL III 2010-1 Qualified Annuity Trust DTD 4/9/10.

Indirect #29: Shares voting and dispositive power and holds a remainder interest in shares held directly or indirectly by a charitable lead(6) annuity trust. The reporting person disclaims beneficial interest of the shares held by the trust except to the extent of his pecuniary interest in such shares.

(7) These Employee Stock Options become exercisable in five equal installments beginning on the first anniversary of the grant 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.