Edgar Filing: Henkels Virginia - Form 4

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| Form 4 | - | | | | | | | | | | |
|--|-------------------|-------------|--|---|---|------------------|--|---|--|-----------|--|
| February 27 | ПД | | | | | | | | OMB AF | PPROVAL | |
| Washin | | | | | TIES AND EXCHANGE COMMISSION nington, D.C. 20549 | | | | OMB Number: | 3235-0287 | |
| Check this box | | | | IGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 3 200 Estimated average burden hours per response 0 | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17 | 7(a) of the | Public U | | ling Con | npan | y Act of | e Act of 1934, E 1935 or Section O | 1 | | |
| (Print or Type) | Responses) | | | | | | | | | | |
| Henkels Virginia Symbol | | | r Name and Ticker or Trading CORP [VVI] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Chec | | | | k all applicable) | | | | |
| (Month/D 1850 N. CENTRAL AVE., SUITE 02/26/20 1900 | | | | - | | | | X_ Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PHOENIX, | AZ 85004-456 | 5 | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | n Date, if | Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| G | | | | Code V | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 02/26/2019 | | | А | 1,974 (1) | А | \$0 | 4,613 | D | | |
| Common Stock | 02/27/2019 | | | F <u>(2)</u> | 885 | D | \$ 58.06 | 3,728 | 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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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 | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Henkels Virginia 1850 N. CENTRAL AVE., SUITE 1900 PHOENIX, AZ 85004-4565 | Х | | | | | |
| Signatures | | | | | | |
| By: Irma Villarreal For: Virginia L. Henkels | 02 | 2/27/2019 |) | | | |
| **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).
- (1) Restricted Stock granted on February 26, 2019, pursuant to the 2017 Viad Corp Omnibus Incentive Plan, and will vest one year from the date of grant.
- (2) Shares were surrendered for taxes in connection with vesting of restricted stock granted 2/27/18.

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.