## Edgar Filing: PERCEPTRON INC/MI - Form 4

PERCEPTRON I	NC/MI													
Form 4														
September 06, 20	16													
FORM 4											OMB APPROVAL			
	UNITED	STATES		RITIES shingtoi				NGE	COMMISSIO	N OMB Number:	3	235-0	)287	
Check this box if no longer subject to Section 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimate	Expires: January 3 200 Estimated average burden hours per				
Form 4 or											-	51	0.5	
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type Respon	nses)													
1. Name and Address of Reporting Person <u>*</u> RATIGAN JAMES A			2. Issuer Name <b>and</b> Ticker or Trading Symbol PERCEPTRON INC/MI [PRCP]				g	5. Relationship of Reporting Person(s) to Issuer						
							<b>)</b> ]	(Charle all and include)						
(Last) (	First) (	Middle)	3. Date of Earliest Transaction					(Check all applicable)						
47827 HALYARD DRIVE			(Month/Day/Year) 09/01/2016				X_ Director10% Owner Officer (give titleOther (specify below) below)							
(Street) PLYMOUTH, MI 48170			4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>							
	<b>G</b> ( ( )	(7.)							i cisoli					
(City) (	State)	(Zip)	Tab	le I - Non	-De	rivative	Securit	ties A	cquired, Disposed	of, or Benefic	ially O	wned		
	nsaction Date th/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transacti Code (Instr. 8)	ionA D	Securit cquired isposed nstr. 3, 4	(A) or of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	India t Bene	eficial nershij		
				Code V			(D) I	Price	(Instr. 3 and 4)					
Reminder: Report on	a separate line	e for each cl	ass of sec	urities ben	efici	-			-					
						inforn requi	nation red to r ays a c	cont espo	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1 (9	474 -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 Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(In

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	Derivative Security			D: (E (In	A) or isposed D) nstr. 3, nd 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Director Stock Option (right to buy)	\$ 6.46	09/01/2016	А	8	,000		<u>(1)</u>	09/01/2026	Common Stock	8,000
Repor	ting Ov	vners								

<b>Reporting Owner Name / Address</b>	Relationships								
1	Director	10% Owner	Officer	Other					
RATIGAN JAMES A 47827 HALYARD DRIVE PLYMOUTH, MI 48170	Х								
Signatures									
/s/Michelle O. Wright on behal Ratigan	09	9/06/2016							
**Signature of Reporting F			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).
- On September 1, 2016, the reporting person was granted an option to purchase 8,000 shares of Common Stock under the 2004 Stock
   (1) Incentive Plan, an exempt plan. The shares are exercisable in three equal annual installments beginning September 1, 2017 at an exercise price equal to the far market value of the Company's Common Stock as of September 1, 2016, expiring 10 years from 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.