## Edgar Filing: PFEIFFER MICHAEL R - Form 4

| PFEIFFER M  | MICHAEL R           |          |            |  |               |        |   |   |                           |  |  |
|---|---------------------|----------|------------|--|---------------|--------|---|---|---------------------------|--|--|
| Form 4  |                     |          |            |  |               |        |   |   |                           |  |  |
| January 03, 2   | 2018                |          |            |  |               |        |   |   |                           |  |  |
| FORM  | 14                  |          |            |  |               | ~~~    |   | 01 <b>11 11 1 1 1</b>                     | OMB AF                    | PROVAL                                     |  |
| Washington, D.C. 20549  |                     |          |            |  |               |        |   | OMB<br>Number:                            | 3235-0287                 |  |  |
| Check this box<br>if no longer<br>subject to STATEMENT OF CHAN  |                     |          |            | IGES IN BENEFICIAL OWN                     |               |        |   |   | Expires:                  | ires: January 31,<br>2005<br>mated average |  |
|   |                     |          |            |  |               |        |   | NERSHIP OF                                | •                         |  |  |
| Section 16.   |                     |          |            | SECURITIES                                 |               |        |   |   | burden hour               |  |  |
| Form 4 o<br>Form 5  |                     |          | ~          |  | a .           |        |   |   | response                  | 0.5  |  |
| obligatio   | <b>n</b> o <b>*</b> |          |            |  |               |        | •   | e Act of 1934,                            |                           |  |  |
| may cont  | inue. Section 17    |          |            | •  | •             |        |   | 1935 or Section                           | 1                         |  |  |
| See Instr   | uction              | 50(II)   | of the In  | ivestmen                                   | t Compar      | iy Aci | . 01 194  | 0   |                           |  |  |
| 1(b).   |                     |          |            |  |               |        |   |   |                           |  |  |
| (Print or Type I  | Responses)          |          |            |  |               |        |   |   |                           |  |  |
|   | •                   |          |            |  |               |        |   |   |                           |  |  |
| 1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of F |                     |          |            |  |               |        |   | Reporting Person(s) to                    |                           |  |  |
| PFEIFFER MICHAEL R Symbol   |                     |          |            | -  |               |        |   | Issuer                                    |                           |  |  |
|   |                     |          | REALT      | TY INCOME CORP [O]                         |               |        |   | (Check all applicable)                    |                           |  |  |
| (Last)  | (First)             | (Middle) | 3. Date of | f Earliest T                               | ransaction    |        |   | (Check                                    | c all applicable          | )  |  |
| (Month/D  |                     |          |            | onth/Day/Year)<br>/01/2018                 |               |        |   | Director                                  | 10%                       | Owner                                      |  |
|   |                     |          |            |  |               |        |   | XOfficer (give titleOther (specify below) |                           |  |  |
|   |                     |          |            |  |               |        |   | EVP Gen. Counsel & Sec.                   |                           |  |  |
|   | (Street)            |          | 4 If Ame   | endment D                                  | ate Origina   | 1      |   | 6 Individual or Io                        | int/Group Filin           | o(Check                                    |  |
|   |                     |          |            |  |               |        | 6. Individual or Joint/Group Filing(Check<br>Applicable Line) |   |                           |  |  |
| 1 not(wor   |                     |          |            | nur Day ( Car)                             |               |        |   | _X_ Form filed by One Reporting Person    |                           |  |  |
| SAN DIEG  | O, CA 92130         |          |            |  |               |        |   | Form filed by M<br>Person                 | ore than One Re           | porting                                    |  |
| (City)  | (State)             | (Zip)    |            |  |               |        |   |   |                           |  |  |
| (City)  | (State)             | (ZIP)    | Tab        | le I - Non-l                               | Derivative    | Securi | ties Acqu   | uired, Disposed of,                       | , or Beneficial           | y Owned                                    |  |
| 1.Title of  | 2. Transaction Dat  |          |            | 3.   | 4. Securi     |        |   | 5. Amount of                              | 6.                        | 7. Nature of                               |  |
| Security<br>(Instr. 3)  | (Month/Day/Year)    |          | n Date, if |  | on(A) or Di   | -      |   | Securities<br>Beneficially                | Ownership<br>Form: Direct | Indirect<br>Beneficial                     |  |
| (Instr. 3) any<br>(Month/Day/Year   |                     |          | Day/Year)  | Code (Instr. 3, 4 and 5)<br>ar) (Instr. 8) |               |        |   | Owned                                     | (D) or                    | Ownership                                  |  |
|   |                     | × ·      |            |  |               |        |   | Following                                 | Indirect (I)              | (Instr. 4)                                 |  |
|   |                     |          |            |  |               | (A)    |   | Reported                                  | (Instr. 4)                |  |  |
|   |                     |          |            |  |               | or     |   | Transaction(s) (Instr. 3 and 4)           |                           |  |  |
| Common  |                     |          |            | Code V                                     |               | (D)    | Price   | (   |                           |  |  |
| Common<br>Stock   | 01/01/2018          |          |            | F  | 10,763<br>(1) | D      | \$<br>57.02   | 35,923                                    | 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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>ant of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|---|---|--|
|   |   |   | Code V                                |   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Addr                                       | ess        | Relationships |                         |       |  |  |  |  |  |
|---|------------|---------------|-------------------------|-------|--|--|--|--|--|
|   | Director   | 10% Owner     | Officer                 | Other |  |  |  |  |  |
| PFEIFFER MICHAEL R<br>11995 EL CAMINO REAL<br>SAN DIEGO, CA 92130 |            |               | EVP Gen. Counsel & Sec. |       |  |  |  |  |  |
| Signatures  |            |               |                         |       |  |  |  |  |  |
| Michael R.<br>Pfeiffer  | 01/03/2018 |               |                         |       |  |  |  |  |  |
| **Signature of  | 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).

This amount represents shares automatically withheld upon the vesting of 19,125 restricted shares and units of common stock on January
 (1) 1, 2018, which amount is determined based upon the greater of such holder's minimum required tax withholding rate or the highest withholding rate permitted under the rules of the applicable taxing authority for tax withholding.

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.

Reporting Person