## Edgar Filing: GREER C SCOTT - Form 4

GREER C SC	COTT												
Form 4													
July 21, 2017													
FORM	Λ		~ ~ ~ ~ ~ ~								PPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OND	3235-0287				
Chaols this	har		Was	hingto	n, l	D.C. 205	549			Number:			
if no longe	Check this box								Expires:	January 31,			
subject to								NERSHIP OF	Estimated a	2005 average			
Section 16	5.	SECURITIES							irs per				
Form 4 or										response			
Form 5	Filed p	oursuant to	Section 10	5(a) of	the	Securiti	es Ex	chang	ge Act of 1934,	·			
obligation	Section	7(a) of the	Public Ut	ility Ho	oldi	ing Com	pany	Act o	f 1935 or Sectio	n			
may contin See Instru	nue.		) of the In										
1(b).	ction					1 2							
1(0).													
(Print or Type R	esponses)												
	•												
1. Name and Ac	ddress of Reporti	ng Person *	2 Issuer	Name a	nd '	Ticker or T	Fradin	a	5. Relationship of	f Reporting Per	son(s) to		
GREER C S		<i>o</i>	Symbol	i vanie a	nu .		raum	5	Issuer				
			FMC CO	ם ממר		וי							
Г				<b>JKF</b> [Γ	IVIC	~]			(Check all applicable)				
(Last) (First) (Middle) 3. Date of				of Earliest Transaction									
			(Month/D	Day/Year)					X Director 10% Owner				
	ORATION, 2	929	07/20/20	017					Officer (give title Other (specify below) below)				
WALNUT S	TREET								below)	below)			
	4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check						
	. ,					0			Applicable Line)				
Filed(Month/Day/Year)								_X_ Form filed by One Reporting Person					
PHILADEL	PHIA, PA 191	04								More than One Re	eporting		
									Person				
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	med 3. 4. Securities					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	ear) Executi	ion Date, if	on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code	1 ( )			· · ·	D) or	Beneficial			
	/Day/Year)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Owned	Indirect (I)	Ownership				
									Following Reported	(Instr. 4)	(Instr. 4)		
							(A)		Transaction(s)				
				<i>a</i> .			or		(Instr. 3 and 4)				
0				Code	V	Amount	(D)	Price					
Common Stock	07/20/2017			А		27 <u>(1)</u>	А	\$0	55,865	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

 Relationship

 Reporting Owner Name / Address
 Director
 10% Owner
 Officer
 Other

 Director
 10% Owner
 Officer
 Other
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\*\*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).
- (1) These shares were issued pursuant to dividend equivalent rights in connection with restricted and retainer stock units held by the reporting person.

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.

Date