Edgar Filing: Hansen J. Michael - Form 4

Hansen J. M	ichael												
Form 4	•												
July 24, 2012	_									PROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										THOVAL			
				shington,					OMB Number:	3235-0287			
Check the	ter								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Estimated average 2005					
Section 16. SECURITI					ITIES			burden hou	rs per				
Form 4 o Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							e Act of 103/	response	0.5			
obligation	ns Section 1'						•		n				
See Instruction 16. See Instruction 16. See Instruction 16. See Instruction 16. See Instruction 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Investment Company Act of 1940													
(Print or Type F	Responses)												
1. Name and Address of Reporting Person <u></u>				r Name and	Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to					
Hansen J. Michael			Symbol					Issuer					
	CINTA	CINTAS CORP [CTAS]					(Check all applicable)						
(Last) (First) (Middle)			3. Date of	3. Date of Earliest Transaction									
6900 CINT				Month/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify					
6800 CINTAS BLVD.			07/24/2	012				below) below)					
								VP & Treasurer					
				ndment, Da	-	1		6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by 0							One Reporting Person						
CINCINNATI, OH 45262 Form filed by More than One Reporting Person									porting				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Yea		n Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct				
(Instr. 3)		any (Month/l	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Following	(D) or Indirect (I)	Beneficial Ownership (Instr. 4)			
		(11101111)	<i>suj, 1 cui)</i>	(1115111-0)					(Instr. 4)				
						(A)		Reported Transaction(s)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common					3,508		\$	1.6.680					
Stock	07/24/2012			F	(1)	D	37.66	16,659	D				
Common									_	By 401(k)			
Stock								243.324	Ι	Plan			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hansen J. Michael 6800 CINTAS BLVD. CINCINNATI, OH 45262			VP & Tre	easurer				
Signatures								
/s/ F. Mark Reuter as Attorney Hansen	07/24/2012							
<u>**</u> Signature of Repo	rting 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).

Restrictions on restricted shares granted pursuant to Cintas Corporation's 2005 Equity Compensation Plan and previously reported on

(1) Form 4 have lapsed. Of the total 7,891 shares that have vested, the reporting person has transferred 3,508 of these shares to satisfy 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.