

McDonald Louise M.
Form 4
July 18, 2017

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 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 Responses)

1. Name and Address of Reporting Person *
McDonald Louise M.

2. Issuer Name and Ticker or Trading Symbol
MILLER HERMAN INC [MLHR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
855 EAST MAIN AVENUE, P.O. BOX 302

3. Date of Earliest Transaction (Month/Day/Year)
07/14/2017

____ Director
____ Officer (give title below) 10% Owner
____ Other (specify below)
President - HM Healthcare

(Street)

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

ZEELAND, MI 49464

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	07/14/2017		M		2,730	A	\$ 0
Common Stock	07/14/2017		F		917.9928	D	\$ 34.25
Common Stock	07/14/2017		A		3,303 ⁽²⁾	A	\$ 0
Common Stock	07/14/2017		F		1,044	D	\$ 34.25
Common Stock	07/14/2017		A		1,546 ⁽²⁾	A	\$ 0

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Common Stock	07/14/2017	F	489	D	\$ 34.25	7,934	D	
Common Stock						2,203.094	I	by profit share 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Underlying Securities (Instr. 3 and 4)	
						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
						Code	V	(A)	(D)
Restricted Stock Units	(3)	07/14/2017		M	2,730	(4)	(4)	Common Stock	2,730

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McDonald Louise M. 855 EAST MAIN AVENUE P.O. BOX 302 ZEELAND, MI 49464			President - HM Healthcare	

Signatures

By: Angela M. Shamery For: Louise M. McDonald
07/18/2017

**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) The Number of Derivative Securities Beneficially Owned Following Reported Transaction reflected in Table I of this form includes dividend equivalent units reinvested in the corresponding vesting RSUs, which satisfies the exemption of Rule 16b-2.
- (2) Shares issued July 14, 2017 pursuant to Performance Share Units granted on July 14, 2014 under the Company's 2011 LTIP with a three year performance period.
- (3) Each restricted stock unit represents a contingent right to receive one share of MLHR common stock.
- (4) The restricted stock units have a three year cliff vest.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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