HUDSON CASSANDRA

Form 4

September 29, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB

Washington, D.C. 20549 Check this box

3235-0287 Number: January 31, Expires: 2005

0.5

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average **SECURITIES**

burden hours per response...

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * HUDSON CASSANDRA | | | 2. Issuer Name and Ticker or Trading Symbol Carbonite Inc [CARB] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|------------------|--|--|--|--|--|--|
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| C/O CARBONITE, INC., TWO AVENUE DE LAFAYETTE | | | (Month/Day/Year) 09/29/2017 | Director 10% Owner _X Officer (give title Other (specify below) Chief Accounting Officer | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| BOSTON, MA | 02111 | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |

| (City) | (State) (| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | y Owned |
|------------------------|--------------------------------------|--|------------------|--------------|-----------|-------------|----------------------------|---------------------------|-------------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securi | | • | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
| (Instr. 3) | | any (Month/Day/Year) | Code | | | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership |
| | | (Month/Day/Tear) | (Instr. 8) | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | (A) | | Reported Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 09/29/2017 | | M | 1,563 | A | \$ 10.4 | 39,935 (1) | D | |
| Common Stock | 09/29/2017 | | S | 1,563 (2) | D | \$ 22.05 | 38,372 <u>(1)</u> | D | |

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. Transacti Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|-----|-------|--|--------------------|---|--|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 10.4 | 09/29/2017 | | M | | 1,563 | 01/28/2015 | 10/28/2024 | Common Stock | 1,563 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUDSON CASSANDRA C/O CARBONITE, INC. TWO AVENUE DE LAFAYETTE BOSTON, MA 02111

Chief Accounting Officer

Signatures

/s/ Danielle Sheer, by power of attorney

09/29/2017

**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) Includes 38,372 shares of common stock subject to restricted stock units.
- (2) Represents shares automatically sold pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 9, 2017.

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.

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