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Clendening J	lohn S											
Form 4	2010											
February 21,	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITE	DSIAIL						0111111551011	OMB Number:	3235-0287		
Check this box				shington, D.C. 20549					Expires:	January 31,		
				GES IN BENEFICIAL OWNERSHI				NERSHIP OF	Estimated a	2005 verage		
Section 16.				SECUR	RITIES				burden hours per			
Form 4 o Form 5			Castian 1	(a) = f + b		a E		A at af 1024	response	0.5		
obligatio							-	e Act of 1934, 1935 or Sectior				
may cont	inue.			vestment	•	- ·			1			
See Instru 1(b).	liction	50(11)	of the m	vestment	Compan	y 1101	. 01 174	0				
-(-).												
(Print or Type I	Responses)											
1 Name and A	ddress of Reporti	ng Person *	.	NT	LT. 1	т. 1 [.]		5 Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person *2. IssuerClendening John SSymbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
e oj				RA INC		1						
				BLUCORA, INC. [BCOR] . Date of Earliest Transaction				(Check all applicable)				
				Day/Year)				X Director 10% Owner				
6333 N STATE HIGHWAY 161, 02/20/2			-				X Officer (give title Other (specify					
6TH FLOOR								below) below) President and CEO				
(Street) A If Am			4 If Ame	andmant. Data Original								
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
							_X_Form filed by One Reporting Person					
IRVING, T	X 75038							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)		.					D (*) U			
	. ,						-	uired, Disposed of,		•		
1.Title of Security	2. Transaction D (Month/Day/Yea			3. Transactic	4. Securit		-	5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(Wolldin Day) 1 ea	any	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	Form: Direct			
, ,		(Month/Day							(D) or Ow	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)	(11150.4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	0.0 10.0 10.0 1.0				11,476		\$	(()) 	-			
Stock	02/20/2019			F	<u>(1)</u>	D	27.48	669,857	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 Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	Imber Expiration Date (Month/Day/Year) erivative curities equired) or sposed (D)		7. Title Amoun Underl Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
r of the test of the	Director	10% Owner	Officer	Other		
Clendening John S 6333 N STATE HIGHWAY 161, 6TH FLOOR IRVING, TX 75038	Х		President and CEO			
Signatures						
/s/ Wendy Walton, as Attorney-in-Fact for John S Clendening	S.	02	/21/2019			
**Signature of Reporting Person			Date			
Explanation of Responses:						

xpialialion of nesponses.

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 transaction represents the withholding by the Issuer of shares to pay taxes in connection with the vesting of restricted stock units.

(1) The timing and amount of the transaction were determined by the terms of the applicable restricted stock unit award and were not within the control of 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.