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Form 4 September 2										
	_								OMB AF	PROVAL
FORM	4 UNITED S	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	suant to S	Expires:January 312005Estimated averageburden hours perresponse0.5							
(Print or Type	Responses)									
1. Name and A Carpenter 7	Address of Reporting I Fod E.	Person <u>*</u>	Symbol	r Name and LDSON (-	5. Relationship of Issuer		
(Last)	(First) (N	/liddle)		f Earliest Tr	_	Deij		(Check	all applicable)
. ,	Γ94TH STREET	,	(Month/E 09/22/2	Day/Year)				X Director X Officer (give below) Pre		Owner er (specify
BLOOMIN	(Street) GTON, MN 5543	1-2303		endment, Da nth/Day/Year	-	l		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ities Acqu	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6.7. Nature ofOwnershipIndirectForm: DirectBeneficial(D) orOwnershipIndirect (I)(Instr. 4)(Instr. 4)	
Common Stock	09/22/2017			А	30.398	А	\$ 45.55	4,278	Ι	By Benefit Plan Trust
Common Stock								8,978	I	By Benefit Plan Trust
Common Stock	09/22/2017			А	2,961	А	\$ 45.43	73,622	D	
Common Stock	09/22/2017			F	995	D	\$ 45.43	72,627	D	

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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)	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)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day,	ate	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
Emplyee Stock Option (right to buy)	\$ 45.43	09/22/2017		А	150,500		<u>(1)</u>	09/22/2027	Common Stock	150,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Carpenter Tod E. 1400 WEST 94TH STREET BLOOMINGTON, MN 55431-2303	Х		President/CEO				
Signatures							
Amy C. Becker, Attorney-in-fact for Carpenter	Tod E.		09/26/2017				
<u>**</u> 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 option vests in three equal annual installments beginning on September 22, 2018.

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.