

COLUMBUS MCKINNON CORP
Form 4
July 20, 2016

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 *
Buer Gene P

2. Issuer Name and Ticker or Trading Symbol
COLUMBUS MCKINNON CORP
[CMCO]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
205 CROSSPOINT PARKWAY
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
05/23/2016

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
VP Global Svcs/Vertical Markets

GETZVILLE, NY 14068

(City) (State) (Zip)

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

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 Ownership (Instr. 4)
				(A) or (D) Price			
Common Stock	05/23/2016		A	5,940 (1)	A \$ 0 (2)	D	

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

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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 Acquired (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 Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 6)
				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
Buer Gene P 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068			VP Global Svs/Vertical Markets	

Signatures

Gene P. Buer 07/19/2016
 __Signature of Date
 Reporting Person

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).

Represents restricted stock units granted on 5/23/2016 and subject to shareholder adoption of the Columbus McKinnon Corporation 2016 Long Term Incentive Plan, which was adopted by the shareholders on July 18, 2016; subject to forfeiture in whole or part; units become fully vested and non-forfeitable 25% per year for four years beginning 5/23/2017, if reporting person remains an employee of issuer.

Includes 11,477.9502 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 1,121.1838 shares become fully vested and non-forfeitable on 5/20/2017; 1,669.1783 shares become fully vested and non-forfeitable 50% per year for two years beginning 5/19/2017; 2,747.5881 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/18/2017; and the remaining 5,940 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/23/2017, if reporting person remains an employee of issuer.

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.