Edgar Filing: Frandsen Michael Lyle - Form 4

Frandsen Mic	chael Lyle										
Form 4											
August 17, 20	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL		
	UNITEDS		shington, I			NGE (COMMISSION	OMB Number:	3235-0287		
	Check this box if no longer							Expires:	January 31, 2005		
subject to Section 16	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF	Estimated average burden hours per			
Form 4 or								response			
Form 5 obligation	· · · · · · · · · · · · · · · · · · ·	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
may conti) of the Public Ut	•	•				n			
<i>See</i> Instru 1(b).	ction	30(h) of the In	vestment (Company	/ Act	of 19	40				
(Print or Type R	esponses)										
1. Name and Address of Reporting Person *2. Issuer NamFrandsen Michael LyleSymbol					Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
	k, Inc. [ZE	IN J			(Check all applicable)						
(Last) (First) (Middle) 3. Date of E				insaction				100			
C/O 1019 M	ARKET STREET	(Month/D Γ 08/15/2	-				X Director Officer (give below)		b Owner er (specify		
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)	-			Applicable Line)				
SAN FRAN	CISCO, CA 9410	3					_X_ Form filed by C Form filed by M Person	One Reporting Pe Iore than One Re			
(City)	(State) (2	Zip) Tabl	a I. Mara Da		·	4	and Discound of	f an Danafiaial			
		1 401				lies Ac	quired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)			Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
					(A) or		Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)		
C			Code V	Amount	(D)	Price	(mou. 5 and 4)				
Common Stock	08/15/2018		А	187 <u>(1)</u>	A	<u>(2)</u>	3,768	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)

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1. Title Derivati Security (Instr. 3	v Conversion or Exercise	· · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	ctior 8)	tionNumber of				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
Frandsen Michael Lyle C/O 1019 MARKET STREET SAN FRANCISCO, CA 94103	Х				
Signatures					
/s/ Hasani Caraway via Power-o		08/17/2018			

Frandsen.

**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).

Pursuant to the Issuer's Amended and Restated Non-Employee Director Compensation Policy, the Reporting Person has elected to receive fully-vested restricted stock units in lieu of the retainer fees payable for services on the Issuer's Board of Directors and any committees

- (1) thereof. The number of shares of common stock issuable pursuant to the restricted stock units represents the quotient of (i) one-quarter of all applicable annual retainer fees divided by (ii) the average closing price of the Issuer's common stock over the 30 trading days prior to the date of grant.
- (2) Restricted stock units convert into common stock on a one-for-one basis.

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.