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POLYONE CORP Form 4 November 15, 2017 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations any continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 5 obligations any continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 5 obligations any continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 5 obligations any continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 5 obligations any continue. See Instruction 1(b). Check this box if no longer Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 17(a) of the Public Utility Holding Company Act of 1940 Section 17(a) of the Investment Company Act of 1940 Section 17(a) Section 17(a) Section 16(a) Section 16(a) Section 16(b) Section 16(b) Section 17(a) Section 16(b) Section 17(a) S										
(Print or Type]	Responses)									
WALTERS FARAH M Symbo			uer Name ar ol YONE CO			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	(First) (Middle) 3. Date of Earliest Transaction			(Cheek)			
			n/Day/Year) /2012			_X_ Director10% Owner Officer (give titleOther (specify below)below)				
			mendment, I	-	1	6. Individual or Jo	6. Individual or Joint/Group Filing(Check			
Filed(Mon AVON LAKE, OH 44012			/Ionth/Day/Ye	ear)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip) T	abla I Non	Domissotivo	Socurities A a	quired, Disposed of	or Donoficial	v Ownod		
		-						-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, any (Month/Day/Yea	Code (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	11/14/2012		М	6,000	A \$6	129,338	D			
Common Stock	11/14/2012		F	1,891	D \$ 19.03	5 127,447	D			
Common Stock	10/05/2012		ΑV	V 49 <u>(1)</u>	A \$16.7	9 18,397	I	Deferred Comp Plan		

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

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information contained in this form are not
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(9-02)

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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. Transactic Code (Instr. 8)	5. Number on f 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 Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy)	\$ 6	11/14/2012		М	6,000	07/01/2003	07/01/2013	Common Stock	6,0

Reporting Owners

Reporting Owner Name / Address	Relationships					
I. O. I.	Director	10% Owner	Officer	Other		
WALTERS FARAH M POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х					
Signatures						
Day Line V. Kumlile, Derver of Atterney, Fem Ferch M.						

By: Lisa K. Kunkle, Power of Attorney For: Farah M. Walters

**Signature of Reporting Person

11/15/2012 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) Shares acquired pursuant to a dividend reinvestment feature of the PolyOne Corporation Deferred Compensation Plan for Non-Employee Directors.

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.