Edgar Filing: JELINEK W CRAIG - Form 4/A

IELINER W. CDAIC

Form 4/A	CKAIG										
January 09, 2	2018										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	ger STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31 2009 Estimated average burden hours per response 0.9		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								0.5			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person * 2. Issuer JELINEK W CRAIG Symbol				uer Name and Ticker or Trading l			5. Relationship of Reporting Person(s) to Issuer				
				COSTCO WHOLESALE CORP /NEW [COST]				(Check all applicable)			
(Last) 999 LAKE	. , .	Middle)	3. Date of (Month/D 05/24/2	-	ransaction			X Director X Officer (give below) Presid		Owner r (specify	
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
ISSAQUAH	I, WA 98017		05/25/2	-	.)			_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/24/2017			A	862 <u>(1)</u> (2)	A	\$ 173.01	289,804	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)	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships						
Director	10% Owner	Officer President and CEO 2018	Other			
Х		President and CEO				
	01/09/20	018				
	Date					
	2	Director 10% Owner X 01/09/20	Director 10% Owner Officer X President and CEO 01/09/2018			

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 additional restricted stock units ("RSUs") resulting from the upward adjustment of outstanding unvested RSUs by a factor of 1.032, in connection with the special cash dividend to be paid by the issuer on May 26, 2017. The adjustment was required under

- (1) applicable plan documents. The additional RSUs reported are subject to the same vesting schedules as the original unvested RSUs to which they relate.
- (2) Reported incorrect number of shares in previous filing.

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.