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| VERIZON COMMUNICATIONS IN Form 4 April 24, 2017 | c | | | | | | | |
|---|---|--|---|--|-----------|--|--|--|
| FORM 4 UNITED STATE | | PPROVAL 3235-0287 | | | | | | |
| Washington, D.C. 20549Number:323540Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESNumber:January Expires:STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16.Expires:January Estimated average burden hours per responseForm 4 or | | | | | | | | |
| (Print or Type Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person $\frac{*}{}$ Stratton John G | 2. Issuer Name and Ticker Symbol VERIZON COMMUN INC [VZ] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| (Last) (First) (Middle) VERIZON COMMUNICATIONS INC., 1095 AVENUE OF THE AMERICAS | 3. Date of Earliest Transacti (Month/Day/Year) 04/20/2017 | ion | Director 10% Owner X Officer (give title Other (specify below) below) EVP&Pres - Global Operations | | | | | |
| (Street) | 4. If Amendment, Date Orig Filed(Month/Day/Year) | ginal | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| NEW YORK, NY 10036 | | | Form filed by Person | More than One R | eporting | | | |
| (City) (State) (Zip) | Table I - Non-Derivat | ive Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Execution any (Month/E | n Date, if TransactionAcqui Code Dispo Day/Year) (Instr. 8) (Instr. | red (A) or sed of (D) 3, 4 and 5) (A) or | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect | | | |
| Reminder: Report on a separate line for each o | Code V Amou | | 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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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. De Se (Ir | | |
|---|---|---|---|--|---|--|-------------|---|--------------------|-----------------------|--|----|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock (unitized) | <u>(1)</u> | 04/20/2017 | | A | | 113.613 | | <u>(1)</u> | <u>(1)</u> | Common Stock | 32 | \$ |
| Reporting Owners | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | | | Relationsh | nips | | | | | |
| nepoi | | | Director 10% | Owner | 0 | fficer | | | Oth | er | | |
| 1095 AVE | COMMUN | NICATIONS INC. HE AMERICAS 036 | EVP&Pres - Glo | | | | obal Operat | ions | | | | |
| Signat | ures | | | | | | | | | | | |
| William L Stratton | . Horton, Jr | ., Attorney-in-fact | t for John G. | | | 04/24/201 | 17 | | | | | |
| | <u>**</u> Signat | ure of Reporting Person | | | | Date | | | | | | |
| Explar | nation | of Respor | ises: | | | | | | | | | |

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* 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) Each share of phantom stock is the economic equivalent of a portion of one share of common stock and is settled in cash. The shares of phantom stock become payable upon events established by the reporting person in accordance with the deferred compensation plan.

(2) Includes phantom stock acquired through dividend reinvestment.

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.