Edgar Filing: COLUMBUS MCKINNON CORP - Form 4

COLUMBUS N Form 4 July 20, 2016	MCKINNON CORF								
July 20, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0287 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 Statement Company Act of 1935, or Section 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 1(b). OMB NPROVAL									
(Print or Type Resp	ponses)								
1. Name and Addr Buer Gene P	ress of Reporting Persor	Symbol	COLUMBUS MCKINNON CORP			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 205 CROSSPO	(First) (Middle)	3. Date of Earlies (Month/Day/Yea 05/23/2016			Director X Officer (give below) VP Global		Owner er (specify larkets		
(Street) 4. If Amendment, Date Or Filed(Month/Day/Year) GETZVILLE, NY 14068			-	l	Applicable Line) _X_ Form filed by C	X_Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State) (Zip)	Table I - No	on-Derivative S	Securities	s Acquired, Disposed of	, or Beneficial	ly Owned		
	. Transaction Date 2A. Month/Day/Year) Exe any (Mo	cution Date, if Trans Code nth/Day/Year) (Instr	. 8) (Instr. 3, V Amount	(A) or of (D) 4 and 5) (A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common 0 Stock 0	5/23/2016	А	5,940 (1)	A \$	$0 \underbrace{\begin{array}{c} 37,596.9502 \\ \underline{(2)} \end{array}}_{(2)}$	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Buer Gene P			VP Global			
205 CROSSPOINT PARKWAY		Svs/Vertical				
GETZVILLE, NY 14068		Markets				
<u>o'</u>						

Signatures

Gene P. Buer	07/19/2016
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<u>**</u>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).

Represents restricted stock units granted on 5/23/2016 and subject to shareholder adoption of the Columbus McKinnon Corporation 2016
(1) 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

(2) 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.