#### Edgar Filing: COLUMBUS MCKINNON CORP - Form 4

COLUMBUS Form 4 July 20, 2016	MCKINNON CO	ORP							
<b>FORM</b> Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	<b>4</b> UNITED S s box er <b>STATEM</b> 5. Filed pursu Section 17(a)	ENT OF Cl uant to Sect ) of the Publ	Washingto HANGES I SECU ion 16(a) of	on, D.C. 20 N BENEF JRITIES the Securit olding Con	549 [CIA] ies E: ipany	L OW xchang Act o	COMMISSION TNERSHIP OF ge Act of 1934, ff 1935 or Sectic 40	OMB Number: Expires: Estimated a burden hou response	rs per
(Print or Type R 1. Name and Ac Korman Alar	dress of Reporting Po	Syn	Issuer Name a nbol			-	5. Relationship o Issuer	f Reporting Per	son(s) to
(Last) 205 CROSSI	(First) (M: POINT PARKWA	[C] iddle) 3. [ (Mo	COLUMBUS MCKINNON CORP [CMCO] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016			(Check all applicable) <u> </u>			
GETZVILLE	(Street) E, NY 14068		f Amendment, ed(Month/Day/Y	-	l		6. Individual or J Applicable Line) _X_ Form filed by	oint/Group Fili	ng(Check
(City)	(State) (Z	Zip)	Table I - Nor	n-Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Da any	Code Year) (Instr.	V Amount	d (A) of d of (D 4 and (A) or	))	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	05/23/2016		А	5,803 (1)	А	\$0	17,221.579 <u>(2)</u>	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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	the and unt of rlying rities (. 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			
Korman Alan S 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068			VP, Gen'l Counsel & Secretary				

## Signatures

Alan S. Korman	07/19/2016

<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 8,713.579 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 555.5050 shares become fully vested and non-forfeitable on 5/20/2017; 879.7982 shares become fully vested and non-forfeitable 50% per year for two years

(2) beginning 5/19/2017; 1,475.2758 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/18/2017; and the remaining 5,803 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.