COLUMBUS MCKINNON CORP

Form 4

August 24, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

1. Name and Address of Reporting Person *

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

TEVENS T	ТІМОТНҮ Т	Symbol COLU [CMC		ICKINNON	COF		Issuer (Check	all applicable)
(Last) 205 CROS	(First) ((Month/	of Earliest T Day/Year) 2016	ransaction			_X_ Director _X_ Officer (give to below)		Owner r (specify
GETZVILI	(Street) LE, NY 14068		nendment, Donth/Day/Yea	eate Original			6. Individual or Joir Applicable Line) _X_ Form filed by On Form filed by Mo Person	e Reporting Per	rson
(City)	(State)	(Zip) Tal	ole I - Non-	Derivative Se	curitie	s Acqu	iired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on(A) or Dispo (Instr. 3, 4 ar	sed of		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	08/22/2016		A	125.2575	A	\$0	315,686.2087	D	

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TEVENS TIMOTHY T 205 CROSSPOINT PARKWAY	X		President & CEO				
GETZVILLE, NY 14068	2.1		Tresident & CEO				

Signatures

Mary C. O'Connor, Power of Attorney for Timothy T.
Tevens

08/23/2016

**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).
- (1) Represents additional restricted stock units attributable to dividend reinvestment.
 - Includes 53,855.2087 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 5,400.6188 shares become fully vested and non-forfeitable on 5/20/2017; 7,823.4403 shares become fully vested and non-forfeitable 50% per year for two years
- (2) beginning 5/19/2017; 12,879.1947 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/18/2017; and the remaining 27,751.9549 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.

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