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

COLUMBU Form 4 May 23, 202	IS MCKINNON (	CORP	-							
Check th if no lon subject th Section Form 4 of Form 5 obligation may com See Instri 1(b).	<b>A 4</b> UNITED his box ger o 16. or Filed pur Section 17(	<b>MENT OF</b> rsuant to S (a) of the I	Wa F CHAN Section 1 Public U	Ishington NGES IN SECUI 16(a) of th Utility Hol	, D.C. 205 BENEFI RITIES ne Securiti	5 <b>49</b> CIAI es Ex pany	<b>COWN</b> achange Act of	<b>DMMISSION</b> <b>ERSHIP OF</b> Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	0
(Print or Type 1. Name and A Buer Gene	Address of Reporting	Person <u>*</u>	Symbol	MBUS M	d Ticker or 7		]	5. Relationship of I Issuer (Check	Reporting Pers	
(Last) 205 CROS	(First) ( SPOINT PARKW (Street)	Middle) /AY	3. Date c (Month/I 05/20/2	of Earliest T Day/Year) 2017	ransaction		1	Director _X Officer (give t below) VP Global S 6. Individual or Joi	itle Othe below) ws/Vertical Ma	
GETZVILI (City)	LE, NY 14068 (State)	(Zip)	Filed(Mo	onth/Day/Yea	ur)	Securit	-	Applicable Line) _X_ Form filed by Ou Form filed by Mo Person <b>ired, Disposed of,</b>	ne Reporting Per ore than One Rep	rson porting
1.Title of Security (Instr. 3) Common Stock	2. Transaction Date (Month/Day/Year) 05/20/2017		Date, if	3. Transactio Code (Instr. 8) Code V F	4. Securitie pror Disposed (Instr. 3, 4) Amount 346.011 (1)	d of (Ē	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 36,758.7357 (2)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) D	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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**

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

## Signatures

Gene P. Buer 05/23	3/2017
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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).
- (1) Represents shares withheld to satisfy tax withholding obligation upon vesting of 1,129.0110 shares of restricted stock on 5/20/2017.

Includes 8,667.7357 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 840.9355 shares become fully vested and non-forfeitable on 5/19/2018; 1,844.6098 shares become fully vested and non-forfeitable 50% per year for two years

(2) beginning 5/18/2018; and the remaining 5,982.1904 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.