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Korman Alan S Form 4 January 11, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	- 3235-028/			
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(a	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type Resp 1. Name and Addr Korman Alan S	2. Issuer Name and Ticker or Trading Symbol COLUMBUS MCKINNON CORP [CMCO]					5. Relationship of Reporting Person(s) to Issuer					
Komiali Alali S						(Check all applicable)					
(Last)(First)(Middle)3. Date of (Month/D205 CROSSPOINT PARKWAY12/13/2			-				Director 10% Owner X Officer (give title Other (specify below) below) VP, Gen'l Counsel & Secretary				
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)		$(7;\mathbf{r})$						Person			
(City)(State)(Zip)Tabl1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		e I - Non-Derivative Securities Acq 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				uired, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)				
Common Stock				Coue V	7 mount		Thee	15,352.3248 (<u>1)</u>	D		
Common 12 Stock	2/13/2017			S	500	D	\$ 37.78	14,852.3248 (2)	D		

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

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 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	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Korman Alan S			VP, Gen'l				
205 CROSSPOINT PARKWAY			Counsel &				
GETZVILLE, NY 14068			Secretary				

Signatures

Alan S. Korman 01/11/2018

**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) Previously reported at 15,346.3248. Reporting person received an additional 6 shares thorough reinvestments of dividends paid by the company.

Includes 14,852.3248 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 443.9837 shares become fully vested and non-forfeitable on 5/19/2018; 992.7052 shares become fully vested and non-forfeitable 50% per year for two years beginning 5/18/2018; 4,394.0637 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018;

(2) beginning 5/16/2018, 4,554.0057 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, and the remaining 5,335 shares become fully vested and non-forfeitable 50% per year for two years beginning 11/15/2018, 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.