Edgar Filing: Sturgeon Steve - Form 4

| Check this box if no longer subject to Section 16. Check this box | | | | | | | | | OMB Number: Expires: Estimated burden he response | | |
|--|---------------------------------------|--|---|--|------------|------------------------------|-------------|---|--|---|--|
| (Print or Type Res | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Sturgeon Steve | | | 2. Issuer Name and Ticker or Trading Symbol AVX Corp [AVX] | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/04/2018 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) SVP of Connector Products | | | |
| | | | | endment, Da nth/Day/Yea | - | al | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | e Secu | rities Acc | quired, Disposed o | of, or Benefic | ially Owned | |
| | . Transaction Date Month/Day/Year) | 2A. Deen Execution any (Month/D | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | ispose 4 and (A) or | d of (D) | 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 0 Stock 0 | 5/04/2018 | | | А | 9 | A | \$ 15.33 | 6,130 | I | By Retirement Plan Trustees | |
| Common Stock | | | | | | | | 12,733 | 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 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 | | | | |
| Sturgeon Steve 1 AVX BOULEVARD FOUNTAIN INN, SC 29644 | | | SVP of Connector Products | | | | | |
| Signatures | | | | | | | | |
| Kurt P. Cummings, attorney-in-fact | (| 05/07/2018 | | | | | | |

**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).

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.