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| Johnston Ro Form 4 | | | | | | | | | | | | | |
|--|---|---|-----------------------------------|-------------------|-----|--|-------|-------------|--|--|---|--|--|
| March 19, 20 FORN Check th if no long | 14 UNITE | Washington, D.C. 20549 | | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 | | |
| subject to Section 1 Form 4 c Form 5 obligatio may cont See Instr 1(b). | 16. 16. 57 Filed p 58 58 58 58 58 58 58 58 58 58 | 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 | | | | | | | | Estimated average burden hours per response 0.5 | | | |
| (Print or Type] | Responses) | | | | | | | | | | | | |
| 1. Name and A Johnston Ro | Address of Reporti | ing Person <u>*</u> | Symbol | | | Ticker or RS INC | | - | 5. Relationship of Issuer | Reporting Pers | | | |
| | (First) N HARBORS, 633-6 AVE SV | | 3. Date of (Month/D 03/15/2 | ay/Year | | ansaction | | | Director X Officer (give below) | 10% | Owner er (specify | | |
| | (Street) | | 4. If Ame Filed(Mor | | | te Original | l | | 6. Individual or JoApplicable Line)_X_ Form filed by C | - | - | | |
| CALGARY | r, A0 T2P 2Y5 | | | | | | | | Form filed by M Person | Iore than One Re | porting | | |
| (City) | (State) | (Zip) | Tabl | e I - Noi | n-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Execution any | med on Date, if Day/Year) | Code (Instr. 3 | 8) | 4. Securit n(A) or Di (Instr. 3, Amount | spose | 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) | | | |
| Common Stock (1) | 03/15/2019 | | | F | | 318 | D | \$ 68.74 | 8,958 | 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 Derivativ Security (Instr. 3) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amou Unde 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

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | | |
|---|------------|---------------|-------------------------------|-------|--|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | | |
| Johnston Robert A. C/O CLEAN HARBORS, IN 1600 633-6 AVE SW CALGARY, A0 T2P 2Y5 | IC. | | President, Oil, Gas & Lodging | | | | | | | |
| Signatures | | | | | | | | | | |
| Robert A. Johnston | 03/19/2019 | | | | | | | | | |

<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) Surrender of shares for tax liability

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.