## Edgar Filing: Lutz Tim - Form 4

Lutz Tim

| Form 4<br>March 12, 20   | )10                                     |   |  |  |            |       |   |  |  |                   |  |
|--|---|---|--|--|------------|-------|---|--|--|-------------------|--|
|  |   |   |  |  |            |       |   | OMB APPROVAL   |  |                   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 |   |   |  |  |            |       | OMB<br>Number:  | 3235-0287  |  |                   |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 or                | ENT OF                                  | F CHANGES IN BENEFICIAL OWNERSHIP<br>SECURITIES |  |  |            |       |   | Expires: January 2<br>Extimated average<br>burden hours per<br>response  |  |                   |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).                 | ns Section 17(a                         | a) of the F                                     | Public Ut  |  | ling Con   | ipany | Act of  | e Act of 1934,<br>1935 or Section<br>0   |  |                   |  |
| (Print or Type F   | Responses)                              |   |  |  |            |       |   |  |  |                   |  |
| Laster Time  |   |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>MULTI COLOR Corp [LABL] |  |            |       |   | 5. Relationship of Reporting Person(s) to Issuer   |  |                   |  |
|  | (Check all applicable)                  |   |  |  |            |       |   |  |  |                   |  |
| (Month/  |   |   |  | Date of Earliest Transaction<br>onth/Day/Year)<br>/01/2019 |            |       |   | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Chief Accounting Officer            |  |                   |  |
|  |   |   | nendment, Date Original<br>onth/Day/Year)  |  |            |       | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |  |  |                   |  |
| BATAVIA,   | OH 45103                                |   |  |  |            |       |   |  | lore than One Re   |                   |  |
| (City)   | (State)                                 | (Zip)   | Tabl   | e I - Non-D  | erivative  | Secur | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned          |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deem<br>Execution<br>any<br>(Month/D        | Date, if   | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V           | (Instr. 3, | spose | d of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                   |  |
| Common<br>Stock  | 03/01/2019                              |   |  | Ι  | 484        | D     | \$<br>50.45   | 0  | Ι  | By 401(k)<br>plan |  |

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)

## Edgar Filing: Lutz Tim - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | ınt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|---|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                         |            |           | Relationships            |       |  |  |  |
|--|------------|-----------|--------------------------|-------|--|--|--|
|  | Director   | 10% Owner | Officer                  | Other |  |  |  |
| Lutz Tim<br>4053 CLOUGH WOODS DR.<br>BATAVIA, OH 45103 |            |           | Chief Accounting Officer |       |  |  |  |
| Signatures   |            |           |                          |       |  |  |  |
| /s/ Timothy P. Lutz by Jocelyn<br>Attorney-in-Fact     | 03/12/2019 |           |                          |       |  |  |  |
| <u>**</u> Signature of Report                          | ing Person |           | Date                     |       |  |  |  |
| Evalenction of De                                      |            |           |                          |       |  |  |  |

## **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.