Edgar Filing: Robinson James D IV - Form 4

Robinson James Form 4 May 22, 2018	D IV										
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	ORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See InstructionFiled 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						V OMB Number: Expires: Estimated burden hou response	urs per			
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> Robinson James D IV			2. Issuer Name and Ticker or Trading Symbol Empire State Realty Trust, Inc. [ESRT]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(3. Date of Earliest Transaction(Month/Day/Year)05/18/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)			
			mendment, Date Original Ionth/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 					
	(State)	(Zip)				a		Person	0 5 01		
1.Title of 2. Tr	ansaction Date	ction Date 2A. Deemed		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			-) 5)	5. Amount of Securities Beneficially Owned	of, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned di	rectly c	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
			Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
LTIP Units <u>(1)</u>	<u>(1)</u>	05/18/2018	А	12,500	<u>(1)</u>	(1)	Class A Common Stock	12,500	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Robinson James D IV C/O EMPIRE STATE REALTY TRUST, 111 WEST 33RD STREET, 12TH FL. NEW YORK, NY 10120	INC. X						
Signatures							
/s/ Debra E. Levin, Attorney-in-Fact	05/22/2018						
**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).

Represents LTIP Units ("LTIP Units"), a class of units of Empire State Realty OP, L.P. (the "Operating Partnership"). The LTIP Units are convertible by the reporting person, upon vesting, into an equivalent number of units of limited partnership interests ("Operating Partnership Units") of the Operating Partnership, which are redeemable by the holder for shares of Class A Common Stock of Empire

(1) State Realty Trust, Inc. (the "Issuer") on a one-for-one basis or the cash value of such shares, at the Issuer's option. The rights to convert LTIP units into Operating Partnership Units and redeem Operating Partnership Units do not have expiration dates. The LTIP Units, which vest ratably on each of the first three anniversaries of the date of grant, were granted under the First Amended and Restated Empire State Realty Trust, Inc. and Empire State Realty OP, L.P. 2013 Equity Incentive Plan.

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.