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Griffith Su	san Patricia											
February 2									OMB API			
FORM 4 UNITED STATES SECURITIES AND EXCHA						GE COI	MMISSION	OMB	3235-0287			
Check	this box		W	ashingto	n, D.C. 2054	9			Number:	January 31,		
if no longer subject to Section 16. Form 4 or		MENT OI	F CHANGES IN BENEFICIAL OWNERSHIP (SECURITIES						Expires: 20 Estimated average burden hours per response			
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the l	Public I	Utility Ho	the Securities olding Compa nt Company A	any A	ct of 19	ct of 1934, 135 or Section				
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Griffith Susan Patricia								. Relationship of Reporting Person(s) to ssuer				
(Last)	(First)	(Middle)				/ [PG.	KJ	(Check	all applicable)			
6300 WILSON MILLS RD.			02/19/2019 -2					_X Director 10% Owner _X Officer (give title Other (specify elow) below) President and CEO				
	(Street)			nendment, lonth/Day/Y	Date Original ear)		Ap	Individual or Joir plicable Line) _ Form filed by On	e Reporting Pers	son		
MAYFIEI	LD VILLAGE, OF	H 44143					Per	Form filed by Mo	re than One Rep	orting		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative Sec	curities	s Acquir	ed, Disposed of,	or Beneficially	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securities A orDisposed of (E (Instr. 3, 4 and Amount	(A) or	d (A) or Price	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	02/19/2019			$A^{(1)}$	22,710.066	(D) A	\$ 0	282,847.78	D			
Common	02/19/2019			F	10,186	D	\$ 71.61	272,661.78	D			
Common								13,298.145	Ι	401(k) Plan		
Common								16,585.0331	I	Husband's 401(k) Plan		
Common								102,877.096	Ι	Husband's Trust (2)		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Norse a		
						Exercisable	Date		Number		
				Code V	(A) (D)				of Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address						
	Director	10% Owner	Officer	Other		
Griffith Susan Patricia 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 44143	Х		President and CEO			
Signatures						
/s/ Laurie F. Humphrey, By Power of Attorney	f 02/20/2019					
<u>**</u> Signature of Reporting Person		Da	te			

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) These shares were issued pursuant to the vesting of performance-based restricted stock unit awards made in 2016, including dividend equivalents accrued since the grant date.

(2) Held in a trust for the benefit of reporting person's spouse.

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.