## Edgar Filing: THOMPSON G KENNEDY - Form 4

THOMPSON	G KENNEDY												
Form 4													
March 19, 20													
FORM	4 UNITED	STATES	SECUE	ITIFS /	4 N	ID FY(	THAT	NCE	COMMISSION	r	PPROVAL		
	UNITED	SIAILS		hington				UGE (		OMB Number:	3235-0287		
Check this					., _					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWN				L OW	NERSHIP OF		2005 average		
Section 16		SECURITIES								Estimated average burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19							A ( \$1024	response	0.5		
obligation	~ <b>^</b>							-	ge Act of 1934, f 1935 or Sectio	n			
may contin	nue.		of the Inv	•		•	- ·			11			
See Instruction 1(b).	ction	50(11)		council		ompun.	, 1100	01 17	10				
(Print or Type R	esponses)												
1. Name and Ad	dress of Reporting	Person *	2 Issuer	Name an	dт	icker or [	Fradin	a	5. Relationship of	<sup>2</sup> Reporting Per	son(s) to		
	G KENNEDY		Symbol	Name and Ticker or Trading				5	Issuer				
				ngTree, Inc. [TREE]					(Charle all applicable)				
(Last)	(First) (	(Middle)	<b>c</b> ((						(Chec	neck all applicable)			
(Month/D				onth/Day/Year)					_X_ Director10% Owner				
11115 RUSHMORE DR. 03			03/15/20	03/15/2019					Officer (give titleOther (specifybelow)below)				
(Street) 4. If Ame			4. If Amer	mendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mont				Month/Day/Year)					Applicable Line)				
CUADIOTT									_X_ Form filed by 0 Form filed by N				
CHARLOII	TE, NC 28277								Person		1 0		
(City)	(State)	(Zip)	Table	e I - Non-l	Der	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	med	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year		on Date, if			nAcquired (A) or				Form: Direct	Indirect		
(Instr. 3)		any (Month/	Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			•		Beneficial Ownership				
		``	, ,		/	· · · · ·		,	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	02/15/0010								10.004	D			
Stock	03/15/2019			Μ		52	А	\$0	12,224	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 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. ofNumber of Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	03/15/2019		М	52	(1)	(1)	Common Stock	52	\$ 0

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips				
	Director	10% Owner	Officer	Other			
THOMPSON G KENNEDY 11115 RUSHMORE DR. CHARLOTTE, NC 28277	Х						
Signatures							
/s/ Ryan S. Quinn as Attorney- Thompson	03/19/2019						
<u>**</u> Signature of Re		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) These restricted stock units vested in full on March 15, 2019 in accordance with the terms of the original award agreement.

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.