### Edgar Filing: COVANTA HOLDING CORP - Form 3

#### COVANTA HOLDING CORP

Form 3 May 12, 2015

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement COVANTA HOLDING CORP [CVA] Wright Michael A. (Month/Day/Year) 05/07/2015 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 445 SOUTH STREET (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) 10% Owner Director \_X\_ Form filed by One Reporting \_X\_\_ Officer Other Person (give title below) (specify below) MORRISTOWN, NJÂ 07960 Form filed by More than One SVP and Chief HR Officer Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) D Â Common Stock, \$.10 par value 46,013 Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security		Conversion or Exercise	Ownership Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
		Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

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Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Wright Michael A.

445 SOUTH STREET SVP and Chief HR Officer MORRISTOWN, NJÂ 07960

**Signatures** 

/s/ Michael A. Wright 05/11/2015

\*\*Signature of Date
Reporting Person

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

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.

Reporting Owners 2

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).