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SALAME F Form 4	PABLO J									
January 19,										
FORM	Л 4 _{UNITE}	D STATES	SECUR	ITIES A	ND EXC	HAN	IGE COI	MMISSION		PROVAL
			hington,					OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue Form 17(a) of the Public Ut				GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, fility Holding Company Act of 1935 or Section vestment Company Act of 1940					January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)									
SALAME PABLO J Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) DMAN SACHS WEST STREE		3. Date of 1 (Month/Da 01/18-05	y/Year)			be	Director Officer (give ti low) Vic		Owner r (specify
	(Street)		4. If Amen Filed(Mont		-		Ap	Individual or Joi pplicable Line) (_ Form filed by On _ Form filed by Mo	ne Reporting Per	son
	RK, NY 10282						Pe	rson		C
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	ecurit	ies Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea				4. Securit or Dispos (Instr. 3, 4 Amount	ed of ((D)	 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 Stock, par value \$0.01 per share	01/18-05:00/2	018		A	35,284 (1)	A	\$ 0	210,612	D	
Common Stock, par value \$0.01 per share	01/18-05:00/2	018		F	18,779 (2)	D	\$ 250.97	191,833	D	
								39,614	I	

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Common Stock, par	See footnote
value	(3)
\$0.01 per	
share	

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)	4. Transactic Code (Instr. 8)				7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SALAME PABLO J C/O GOLDMAN SACHS & CO. LLC 200 WEST STREET NEW YORK, NY 10282) GOLDMAN SACHS & CO. LLC WEST STREET						
Signatures							
/s/ Beverly L. O'Toole, Attorney-in-fact	01/1						
<u>**</u> Signature of Reporting Person		Date					
Evaluation of Boononooou							

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)

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These shares of the Issuer's common stock ("Restricted Shares") represent the equity-based component of the Reporting Person's 2017 year-end compensation. The Restricted Shares generally cannot be sold or transferred before January 2023. The Restricted Shares are also subject to a non-competition covenant which will lapse in three approximately equal installments on or about each of December 31, 2018, 2019 and 2020, subject to other terms and conditions of the award agreement.

- (2) Represents shares of the Issuer's common stock withheld to satisfy withholding obligations in connection with the grant of Restricted Shares described in footnote 1 above.
- (3) Held through a trust, the sole trustee of which is the Reporting Person's spouse and the sole beneficiaries of which are immediate family members of the Reporting Person. The Reporting Person disclaims beneficial ownership of these shares.

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.