## RAVEN INDUSTRIES INC Form 3 May 25, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed 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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Chicoine David L			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol RAVEN INDUSTRIES INC [RAVN]				
(Last) (Fi	irst)	(Middle)	05/25/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
P.O. BOX 5107 (St	reet) SDÂ	57117		(Check X_ Director Officer (give title below	Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (St	ate)	(Zip)	Table I - N	Non-Derivati	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.		
Common Stock			0		D	Â		
Reminder: Report or owned directly or ind		te line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02	)		
	informa require	ation conta d to respo	oond to the collection of ined in this form are not nd unless the form displ //B control number.	t				
Table	II - Deriv	vative Secur	ities Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)	

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
					Price of	Derivative	
	Date	Expiration	Title	Amount or	Derivative	Security:	
		1	The		Security	Direct (D)	
	Exercisable	Date		Number of	-	or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships					
1 0		10% Owner	Officer	Other			
Chicoine David L P.O. BOX 5107 SIOUX FALLS, SD 571	X 17	Â	Â	Â			
Signatures							
/s/ David L. Chicoine	5/25/2017						
<u>**</u> Signature of Reporting Person	Date						

## **Explanation of Responses:**

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

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.