Edgar Filing: AZZ INC - Form 4

AZZ INC

| Form 4 | | | | | | | | | | |
|---|------------------------------------|---|--|---|--------------------|-------------------|--|--|----------------------|--|
| August 01, 202 | 14 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB | 2026_0.087 | | | |
| Check this | box | Washi | ngton, D | O.C. 2054 | 19 | | | Number: | January 31, | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may contin | Filed pursuant section 17(a) of | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 ection 17(a) of the Public Utility Holding Company Act of 1935 or So 30(h) of the Investment Company Act of 1940 | | | | | e Act of 1934, 1935 or Section | Expires. 2005 Estimated average burden hours per response 0.5 | | |
| See Instruct 1(b). | tion | (ii) of the inves | sument C | ompany | 1101 (| л 17 4 | 0 | | | |
| (Print or Type Re | sponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer N JOYCE KEVERN R Symbol AZZ INC | | | Jame and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (Middle) | 3. Date of Ea | rliest Tran | saction | | | (Chec. | k all applicable | <i>;</i>) | |
| ONE MUSEUM PLACE, 3100 (Month/Day, 07/30/2014) WEST 7TH STREET | | | | 0.07 | | | | | Owner er (specify | |
| (Street) 4. If Amende | | | ment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| Filed(Month/Day/Year) FORT WORTH, TX 76107 | | | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) (Zip) | | | | | | Person | | | |
| | · · · · · · · · · | | | | | es Acqu | uired, Disposed of | | - | |
| 1.Title of Security (Instr. 3) | ar | ecution Date, if | 3. Transactic Code (Instr. 8) Code V | 4. Securi onAcquired Disposed (Instr. 3, Amount | l (A) o l 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) | | |
| COMMON STOCK | 07/30/2014 | | А | 2,000 | А | \$0 | 55,927 | 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)

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| 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| JOYCE KEVERN R ONE MUSEUM PLACE 3100 WEST 7TH STREET FORT WORTH, TX 76107 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| Tara D. Mackey | 08/01/2014 | | | | | | | | |
| <u>**</u> Signature of Reporting Person | 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).

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.