## Edgar Filing: COLE STEPHEN - Form 4

COLE STE	EPHEN									
Form 4										
January 11	, 2019									
FOR			GECU	DITIEC			COMMERIO	NT	PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-028	
Check if no lo				Expires:	January 31 200					
subject Section Form 4	to SIATEN 16. or	MENT OF		SECU	Estimated burden hou response	Estimated average burden hours per response 0				
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the F	Public U		ding Con	pany Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)									
1. Name and COLE ST		2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		FARO TECHNOLOGIES INC [FARO]				(Check all applicable)				
(Last)		3. Date of Earliest Transaction (Month/Day/Year)			X_ Director10% Owner Officer (give titleOther (specify					
	D TECHNOLOGI TECHNOLOGY		01/02/2	2019			below)	below)		
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
LAKE MA		Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	CransactionAcquired (A) or Code Disposed of (D) Instr. 8) (Instr. 3, 4 and 5) (A) or		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)	
Domin dom D		o for or -h - 1	of	Code V		(D) Price	an in dina at la			
Keminder: Ro	eport on a separate line	e for each cla	iss of sec	urities bene:	Person inform require	ns who res ation cont ed to respo ys a curre	spond to the colle cained in this form ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units $(1)$	<u>(2)</u>	01/02/2019		А		469		(2)	(2)	Common Stock	469	\$ 0

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh							
I g i i i i i i i i i i i	Director	10% Owner	Officer	Other					
COLE STEPHEN C/O FARO TECHNOLOGIES, INC. 250 TECHNOLOGY PARK LAKE MARY, FL 32746	Х								
Signatures									
/s/ Jody S. Gale, Attorney-in-Fact (por filed)	01/11/2019								

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\*Signature of Reporting Person

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

Deferred stock units ("DSUs") granted pursuant to the FARO Technologies, Inc. (the "Company") 2014 Incentive Plan (the "Incentive (1) Plan") and the FARO Technologies, Inc. 2018 Non-Employee Director Deferred Compensation Plan (the "Deferred Compensation Plan").

Each DSU represents the right to receive one share of the Company's common stock no later than 60 business days following the date the reporting person incurs a separation of service from the Company, or in limited circumstances upon a change in control of the Company

Date

(a) cash equal to the fair market value of one share of the Company's common stock on the date of the change in control, pursuant to the terms of the Deferred Compensation Plan.

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.