Edgar Filing: Morelli Mark D - Form 4

Morelli Mark Form 4											
February 12,	2019										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	PPROVAL 3235-0287		
if no long subject to Section 16 Form 4 or Form 5 obligation may conti	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 5 obligations Mage 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							January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)										
Morelli Mark D Symbo COLU			Symbol	2. Issuer Name and Ticker or Trading Symbol COLUMBUS MCKINNON CORP CMCO]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[CMCO					(Check an applicable)			
				e of Earliest Transaction h/Day/Year) 1/2019				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO			
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
GETZVILLI	E, NY 14068							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti n(A) or Dis (D) (Instr. 3, 4	posed	of	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	02/11/2019			Code V A	Amount 58.689 (1)	(D) A	Price \$ 0	48,141.7382 (2)	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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Morelli Mark D 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068	Х		President and CEO					
Signatures								
Mary C. O'Connor as Power of A Morelli	02/12/2019							
<u>**</u> Signature of Reportin	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).
- (1) Represents additional restricted stock units attributable to dividend reinvestment.

Includes 41,838.7382 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 16,905.1848 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 2/28/2019; 11,786.1666 shares become fully vested

(2) become fully vested and non-forfeitable 35.35% per year for three years beginning 5/22/2019, and the remaining 13,147.3868 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2019, if reporting person remains an employee of issuer.

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.