Edgar Filing: ROWAN COMPANIES PLC - Form 4

ROWAN C Form 4	OMPANIES PLO	2										
January 18,	2017											
FORM	Λ4									OMB AF	PROVAL	
	UNITED	STATES				ND EX(D.C. 20:		NGE C	OMMISSION	OMB Number:	3235-0287	
Check the check	oer									Expires:	January 31, 2005	
subject		MENT O	F CHAN					L OWN	NERSHIP OF	Estimated a		
Section				SEC	UR	ITIES				burden hou	rs per	
Form 4 Form 5		report to	Section 1	6(2) 0	f th	a Sacurit	ios Fr	vehange	e Act of 1934,	response	0.5	
obligatio	ons Section 17							•	1935 or Sectior	ı		
may cor <i>See</i> Inst 1(b).	lunue.			•		Compan	- ·			•		
(Print or Type	Responses)											
1. Name and Address of Reporting Person _2. IssueSmith Newton PharrSymbol				uer Name and Ticker or Trading l					5. Relationship of Reporting Person(s) to Issuer			
			ROWA	N CO	MP	ANIES F	PLC [RDC]	(Checl	c all applicable)	
(Last)	(First)	(Middle)	3. Date o	f Earlie	st Tr	ansaction			(Cheer)	
				onth/Day/Year)					Director X Officer (give		Owner er (specify	
2800 POST 5450	COAK BLVD., S	OHE	01/13/2	2017					below)	below) Vice Presiden		
	(Street)		4. If Ame	endmen	t, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mo	nth/Day/	'Year)			Applicable Line) _X_ Form filed by O			
HOUSTON	I, TX 77056								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - No	on-D	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code (Instr.	8)	4. Securit n(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	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)	
Class A				Code	V	Amount	(D)	Price \$	(
Ordinary Shares	01/13/2017			F	V	18,221 (1)	D	\$ 19.91 (2)	75,999 <u>(3)</u>	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	ress	Relationships							
	Director	10% Owner	Officer	Other					
Smith Newton Pharr 2800 POST OAK BLVD. SUITE 5450 HOUSTON, TX 77056			Senior Vice President						
Signatures									
/s/ Melanie M. Trent	01/18/2017								
<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).
- (1) These shares were surrendered to the Company's employee benefit trust in payment of a tax liability due to the vesting of 60,263 restricted share units (RSUs). Such RSUs vested on January 13, 2017 upon the reporting person's retirement from the Company.
- (2) Sales price is the fair market value share price on January 14, 2017.
- (3) On January 13, 2017, in connection with the retirement of the reporting person from the Company, the restrictions on all unvested RSUs granted to the reporting person lapsed.

Remarks:

Reporting person holds 19,554 vested Share Appreciation Rights (SARs) granted in 2013 with an exercise price of \$34.35. Su

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.