## Edgar Filing: WEX Inc. - Form 4

WEX Inc.											
Form 4											
May 11, 201	.5										
FORM	14								OMB AF	PROVAL	
	■ <b>■</b> UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long									Expires:	January 31,	
subject to		MENT OF	CHAN	NGES IN BENEFICIAL OWN				<b>VERSHIP OF</b>	Estimated a	2005 Verage	
Section 1					ITIES				burden hours per		
Form 4 c Form 5									response		
obligatio	nc -						-	Act of 1934,			
may con				•	•	· ·	•	1935 or Section	1		
See Instr	uction	30(n) (	of the In	vestment	Compar	iy Ac	ct of 1940	0			
1(b).											
(Print or Type l	Responses)										
1. Name and A	Address of Reporting	g Person <sup>*</sup>	2. Issue	r Name <b>and</b>	l Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	on(s) to	
Crowley Stephen R. Symbol								Issuer			
•				Inc. [WEX]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of			3. Date of	te of Earliest Transaction				(Check an applicable)			
				nth/Day/Year)				Director	10%	Owner	
								X Officer (give below)	r (specify		
								below) below) SVP, Shared Services			
	(Street)		4 If Ame	endment Da	te Origina	1		6 Individual or Io	int/Group Filin	o(Check	
			mendment, Date Original Aonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
	in Day Ion)				_X_ Form filed by One Reporting Person						
SOUTH PC	RTLAND, ME	04106						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tabl	le I - Non-D	<b>Derivative</b>	Secur	ities Acqu	iired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	) Execution any	Date, if	Transactio Code		-		Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1130.5)			Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)				5)	Owned	Form: Direct Beneficia (D) or Ownersh	Ownership	
			•					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
						or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(			
Common Stock	05/08/2015			S	400	D	\$ 115.01	459	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security	or Exercise	(wondin Day Tear)	any	Code	of	(Month/Day/		Under		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securi		(Instr. 5)	Bene
	Derivative Security				Securities Acquired			(insu.	. 3 and 4)		Owne Follo
					(A) or						Repo
					Disposed of (D)						Trans (Instr
					(Instr. 3,						(
					4, and 5)						
						D			Amount or		
						Date Exercisable	Expiration Date	Title	Number of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Crowley Stephen R. C/O WEX INC. 97 DARLING AVENUE SOUTH PORTLAND, ME 04106			SVP, Shared Services					
Signatures								
Gregory Wiessner, as attorney-in-f Crowley	fact for St	ephen R.	05/11/2015					
<b>**</b> Signature of Reporting	Person		Date					
Evelopetion of Door								

## **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.