Edgar Filing: DOZIER C MICHAEL - Form 4

DOZIER C M	ICHAEL									
Form 4										
May 17, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check this if no longe								Expires:	January 31, 2005	
subject to Section 16	SIAIEMI	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	Section 17(a)	Filed pursuant to Section 16(a) of the Securities Exchange 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								
(Print or Type Re	esponses)									
1. Name and Ad DOZIER C M	Symbol	2. Issuer France and Frence of Frading					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mid		3. Date of Earliest Transaction				(Check all applicable)			
777 106TH A	(Month/Da	(Month/Day/Year)					Director 10% Owner XOfficer (give title Other (specify below) below) VICE PRESIDENT			
			dment, Date n/Day/Year)	Original		1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BELLEVUE,	WA 98004					-	_X_ Form filed by Of Form filed by Mo Person			
(City)	(State) (Z	^{ip)} Table	I - Non-Dei	rivative Se	curiti	es Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securiti n(A) or Dis (Instr. 3, 4	ies Aco sposed 4 and 5 (A) or	quired 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)	
COMMON STOCK			Code V	Amount	(D)	Price	2,952	D		
COMMON STOCK (SIP) (1)	05/15/2018		S	10,000	D	\$ 63.52	8,959.113	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.

Edgar Filing: DOZIER C MICHAEL - Form 4

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	of De Se (A Di of (Ii	umbe	tive ties red ed 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (It
				Code V	(A	A) (1	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
STOCK OPTION (2)	\$ 50.5							01/01/2014	02/03/2021	COMMON STOCK	4,882	
STOCK OPTION (2)	\$ 43.24							01/01/2015	02/02/2022	COMMON STOCK	7,756	
STOCK OPTION (2)	\$ 47.81							01/01/2016	02/06/2023	COMMON STOCK	6,644	
STOCK OPTION (2)	\$ 59.15							01/01/2017	02/07/2024	COMMON STOCK	5,232	
STOCK OPTION (2)	\$ 62.46							01/01/2018	02/04/2025	COMMON STOCK	4,814	
STOCK OPTION (2)	\$ 50							01/01/2019	02/04/2026	COMMON STOCK	6,926	
STOCK OPTION (2)	\$ 67.63							01/01/2020	02/07/2027	COMMON STOCK	9,406	
STOCK OPTION	\$ 68.69							01/01/2021	02/07/2028	COMMON STOCK	8,290	

Reporting Owners

Reporting Owner Name / Address		Re		
	Director	10% Owner	Officer	Other

DOZIER C MICHAEL 777 106TH AVE NE BELLEVUE, WA 98004

VICE PRESIDENT

Signatures

C. Michael Dozier

05/17/2018

<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) Shares held in PACCAR Savings Investment Plan (SIP).
- (2) Option to buy awarded under PACCAR Long Term Incentive Plan (LTIP).

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.