Edgar Filing: Dietze Katherine Elizabeth - Form 4

	rine Elizabeth	ı										
Form 4												
August 02, 20	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	PPROVAL				
-	UNITE	DSIAIL			D.C. 205		NGE		OMB Number:	3235-0287		
Check thi	s box		•• as	inington,	D.C. 20.					January 31,		
if no longer STATEMENT OF CH				NGES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
subject to Section 10				SECURITIES					Estimated average burden hours per			
Form 4 or									response 0.			
Form 5 obligatior		•					•	ge Act of 1934,				
may conti				•	•	- ·		of 1935 or Sectio	n			
See Instru	iction	30(h) of the Inv	vestment	Compan	y Act	t of 19	40				
1(b).												
(Print or Type R	(esponses)											
				Name and	ame and Ticker or Trading			5. Relationship of Reporting Person(s) to				
Dietze Katherine Elizabeth Symbol COWE			•	ymbol COWEN INC. [COWN]				Issuer				
			COWEN					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction									
				Month/Day/Year) 7/31/2018			X_ Director 10% Owner Officer (give title Other (specify					
AVENUE	C., <i>399</i> LEAI		0//31/20	/18				below)	below)			
(Street) 4			4 If Amer	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
					,			_X_ Form filed by				
NEW YORK	K, NY 10022							Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip)	Tabl	I Now D		،	4 A		f an Danafiaia	ller Oerreed		
	, , ,						ues Ac	quired, Disposed o		-		
1.Title of Security	2. Transaction Date 2A. De (Month/Day/Year) Execut		emed 3. 4. Securities on Date, if TransactionAcquired (A) or			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect				
(Instr. 3)	(Woldin Day)	any	Code Disposed of (D)				(D) or	Beneficial				
		(Month	/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership				
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Class A						, ,						
Common	07/31/2018			А	7,153	А	<u>(1)</u>	60,417	D			
Stock												

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: Dietze Katherine Elizabeth - Form 4

Reporting Owners

Reporting Owner Name / Addro	ess	Relationships						
	Director	10% Owner	Officer	Other				
Dietze Katherine Elizabeth COWEN INC. 599 LEXINGTON AVENU NEW YORK, NY 10022	E X							
Signatures								
/s/ Katherine E. Dietze	08/02/2018							
**Signature of	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) Grant of restricted stock units for no monetary consideration. The shares underlying the restricted stock units will be delivered in accordance with the terms of the award agreement between the Issuer and the Reporting Person.

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.

Reporting Person