## Edgar Filing: WIEHOFF JOHN - Form 4

WIEHOFF J	JOHN					
Form 4						
January 04,	2019					
FORM	14		OMB APPROVAL			
	• • UNITED STA	<b>FES SECURITIES AND EXCHANGE</b>	3235-0287			
Check th	nis box	Washington, D.C. 20549	Number: January 31,			
if no lon	ger	Γ OF CHANGES IN BENEFICIAL OV	Expires.			
subject to	0	SECURITIES	Estimated average			
Section Form 4 c		SECONTIES	burden hours per response 0.5			
Form 5		to Section 16(a) of the Securities Exchan	•			
obligatio	$^{\text{ons}}$ Section 17(a) of	the Public Utility Holding Company Act	•			
may con <i>See</i> Instr		D(h) of the Investment Company Act of 1	940			
1(b).						
	<b>D</b>					
(Print or Type)	Responses)					
1 Name and A	Address of Reporting Person	2. Issuer Name <b>and</b> Ticker or Trading	5. Relationship of Reporting Person(s) to			
WIEHOFF		Symbol	Issuer			
		POLARIS INDUSTRIES INC/MN				
		[PII]	(Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction	X_ Director 10% Owner			
		(Month/Day/Year)	Officer (give title Other (specify below)			
2100 HIGH	IWAY 55	01/02/2019	below) below)			
	(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
		Filed(Month/Day/Year)	Applicable Line)			
	<b>D Z Z Z Z Z Z Z Z Z Z</b>		_X_Form filed by One Reporting Person Form filed by More than One Reporting			
MEDINA, I	MN 55340		Person			
(City)	(State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of, or Beneficially Owned			
1.Title of	2. Transaction Date 2A.	Deemed 3. 4. Securities Acquired	1 5. Amount of 6. 7. Nature of			
Security	(Month/Day/Year) Exec	cution Date, if Transaction(A) or Disposed of (D	) Securities Ownership Indirect			
(Instr. 3)	any (Mo	Code (Instr. 3, 4 and 5) nth/Day/Year) (Instr. 8)	BeneficiallyForm: DirectBeneficialOwned(D) orOwnership			
	(1410	(insu: 6)	Following Indirect (I) (Instr. 4)			
		(A)	Reported (Instr. 4)			
		or	Transaction(s) (Instr. 3 and 4)			
G		Code V Amount (D) Pri	ce			
Common	01/02/2019	A 440.31 A \$	48,659.79 <u>(1)</u> D			
Stock		78.0	)/			

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt 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		

er

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	er Officer	Othe		
WIEHOFF JOHN						
2100 HIGHWAY 55	Х					
MEDINA, MN 55340						
Signatures						
Jennifer Carbert, Attorney-in-Fact	0	1/04/2019				
<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).

The reported transaction involved the crediting of 440.31 Common Stock Equivalents (CSEs), each of which may be settled in one share of common stock, to the reporting person's account under the Company's Deferred Compensation Plan for Directors (DC Plan) in

(1) connection with the reporting person's election to defer receipt of the reporting person's quarterly cash retainer payment. The total reported in column 5 includes the 440.31 newly acquired CSEs, and 367.11 CSEs and deferred stock units acquired pursuant to the dividend reinvestment feature of the DC Plan.

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.