Edgar Filing: Neill James R - Form 4

Neill James	R										
Form 4	• • • • •										
February 27											
FORM	14 united	статес	SECU	DITIES	AND FY	СЦ	NCE CO	OMMISSION		PROVAL	
	UNITED	SIAILS		shington			ANGE CU	DIVIIVIISSION	OMB Number:	3235-0287	
Check th	nis box		• • • a	Simgton	, D.C. 2	JJ-77				January 31,	
if no lon		MENT O	F CHAN	NGES IN	BENEF	TICI	AL OWN	ERSHIP OF	Expires:	2005	
subject t Section	0				RITIES				Estimated average burden hours per		
Form 4 d									response	rs per 0.5	
Form 5	Filed pu	rsuant to S	Section 1	l 6(a) of tl	ne Securi	ties I	Exchange	Act of 1934,		0.0	
obligation may con	ons Section 17						-	1935 or Section			
See Instr		30(h)	of the In	nvestmen	t Compa	ny A	ct of 1940)			
1(b).											
	D)										
(Print or Type	Responses)										
1 Name and A	Address of Reporting	Person *	2 Loone	n Nama an	d Tielren e	n Tno d		5. Relationship of l	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. IssueNeill James RSymbol								Issuer			
Symo				INE PAR	TS CO I	GPC	1				
(Last)	(First)	(Middle)		of Earliest T			1	(Check	all applicable)	
(Last)	(Filst)	(Midule)		Day/Year)	ransaction			Director	10%	Owner	
2999 WILDWOOD PKWY 02/25/2			-				Director 10 % Owner X Officer (give title Other (specify				
			02/20/2	2017				below) below) Sr Vice Pres Human Resources			
						_					
	(Street)			endment, D	-	al		6. Individual or Joi	nt/Group Filin	g(Check	
			Filed(Mc	onth/Day/Yea	ur)			Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
ATLANTA	, GA 30339						-	Form filed by Me			
	., 0.100000						ł	Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deem	ned	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		Date, if		omr Dispo			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/D	ov/Veor)	Code	(Instr. 3,	4 and	5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Wond)/D	ay/1 car)	(Instr. 8)				Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
				Code V	Amount	(D)	Price	(111sur. 5 and 4)			
Common	02/25/2019			М	3,600	А	\$	10,103	D		
Stock	02/20/2017				2,000		110.865	10,100	2		
Common	02/25/2010			Б	2 025	D	\$	7 769	D		
Stock	02/25/2019			F	2,835	D	110.865	7,268	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.

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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. Transacti Code (Instr. 8)	onof D Secu Acqu (A) o Disp (D)	urities uired or posed of ar. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Stock Appreciation Right	\$ 77.12	02/25/2019		М		3,600	04/01/2014	04/01/2023	Common Stock	3,60
Employee Stock Option (Right to Buy)	\$ 77.12	02/25/2019		М		3,600	04/01/2014	04/01/2023	Common Stock	3,60

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Neill James R 2999 WILDWOOD PKWY ATLANTA, GA 30339			Sr Vice Pres Human Resources					
Signatures								
Jennifer Ellis Attorney in Fact	02/2	7/2019						
<u>**</u> Signature of Reporting Person	D	ate						

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.