## Edgar Filing: Kingsley Lawrence D - Form 4

Kingsley Lav	wrence D											
Form 4												
April 03, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL			
	UNITED	STATES		shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN			GES IN BENEFICIAL OWNERSH					Expires:	January 31, 2005			
							NERSHIP OF	Estimated a				
Section 16. Form 4 or			SECURITIES					burden hours per				
Form 5		suant to S	Section 1	6(a) of the	- Securiti	ies Fr	vchange	e Act of 1934,	response	0.5		
obligation	ns Section 17(						•	1935 or Section	ı			
may cont <i>See</i> Instru	inue.			vestment	•	- ·						
1(b).												
(Print or Type F	Responses)											
Kingsley Lawrence D Symbol			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			POLAR	ARIS INDUSTRIES INC/MN				(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of	Earliest Tr	ansaction			X Director		Owner		
			Day/Year)				Officer (give title Other (specify below) below)					
2100 HIGHWAY 55 04/01/2		04/01/2	2019									
	(Street)		4. If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon MEDINA, MN 55340				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8)	4. Securit n(A) or Dis (Instr. 3, 4	posed	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	04/01/2019			Code V A	Amount 282.61	(D) A	Price \$ 86.25		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)

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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	ele and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kingsley Lawrence D 2100 HIGHWAY 55 MEDINA, MN 55340	Х						
Signatures							
Jennifer Carbert, Attorney-in-Fact	0	4/03/2019					
**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 282.61 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 282.61 newly acquired CSEs, and 54.22 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.