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LKQ CORP

Form 4 January 19,	2016										
	ЛЛ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check ti if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	nger to 16. or Filed pu ons stinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(h) of the Investment Company Act of 1940								January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> CASINI VICTOR M			2. Issuer Hume und Hener of Humg					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
-	(First) (CORPORATION DISON STREET	, 500		of Earliest 7 Day/Year) 2016	Fransaction	1		Director Officer (give t below)	10%	Owner er (specify	
			onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
CHICAGU	, IL 00001							Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution l any (Month/Da	Date, if	Code (Instr. 8)	4. Securi ord Dispo (Instr. 3, Amount	sed of 4 and (A) or		 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	01/14/2016			F <u>(1)</u>	9,868	D	\$ 25.6725	180,744	D		
Common Stock	01/15/2016			S <u>(2)</u>	8,000	D	\$ 25.67	239,766	Ι	By Trust	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CASINI VICTOR M C/O LKQ CORPORATION 500 WEST MADISON STREET, SUITE 2800 CHICAGO, IL 60661			Senior VP and General Counsel				
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Signatures

/s/ Victor M. 01/18/2016 Casini

<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) This transaction represents shares withheld by the issuer to pay the tax withholding amount required upon the vesting of restricted stock units.
- (2) The sale reported on this Form 4 was affected pursuant to a 10b5-1 plan.

The price reflects the weighted average sale price of the transaction reported. The price range of such transactions was \$25.43 to \$25.955. (3) The reporting person undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer full

(5) The reporting person undertakes to provide upon request by the Commission start, the issuer, or a security holder of the issuer information regarding the number of shares sold at each separate price.

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.