Edgar Filing: MARTEN TRANSPORT LTD - Form 4

MARTEN TF Form 4 July 01, 2015	RANSPORT LTI)									
FORM						OMB APPROVAL					
				RITIES AND EXCHANGE COMN ashington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to	box								Expires:	January 31, 2005	
Subject to Section 16. Form 4 or				SECURITIES					Estimated a burden hou response	irs per	
Form 5 obligation	· ·						-	ge Act of 1934,		0.0	
may contin <i>See</i> Instruct 1(b).	nue. Section 17(a		of the Inv	•	•	• •		f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person *2. Issuer *KOHL TIMOTHY MSymbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
MAR			-	IARTEN TRANSPORT LTD				(Check all applicable)			
(Month/D				Date of Earliest Transaction onth/Day/Year) 30/2015				Director 10% Owner _X Officer (give title Other (specify below) President			
			4. If Amer	Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mon					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	I Non D		loonni	tion A a	quired, Disposed of	f or Ponoficial	lly Owned	
							ues Ac			-	
		Executio any		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	SecuritiesIBeneficially(OwnedI	Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	06/30/2015			А	19.25 (1)	А	\$0	82,149.42 (2)	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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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			
KOHL TIMOTHY M							
129 MARTEN STREET			President				
MONDOVI, WI 54755							
Signatures							
/s/ James J. Hinnendael, attorney-in-fact	07/01/2015						
**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) Represents dividend equivalent rights that accrued on June 30, 2015.

Includes: (i) 2,100 shares granted under a Performance Unit Award Agreement that vest on 12/31/2015 through 12/31/2019; (ii) 1,740 shares granted under a Performance Unit Award Agreement that vest on 12/31/2015 through 12/31/2018, (iii) 1,957 shares granted under

(2) a Performance Unit Award Agreement that vest on 12/31/2015 through 12/31/2017, (iv) 600 shares granted under a Performance Unit Award Agreement that vest on 12/31/2015, (v) 1,275 shares granted under a Performance Unit Award Agreement that vest on 12/31/2015 through 12/31/2016 and (vi) 16,731.42 shares that the reporting person has deferred under the Issuer's deferred compensation 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.