## Edgar Filing: HUMPHREYS STEVEN - Form 4

HUMPHRE	YS STEVEN											
Form 4												
September 1	1, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								-	PPROVAL			
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check the							Expires:	January 31,				
if no long subject to	STAT	EMENT O	F CHAN	GES IN I	BENEFI	CIA	L OW	NERSHIP OF	•	2005 average		
Section 1				SECUR	ITIES				Estimated average burden hours per			
Form 4 o	r								response	•		
Form 5 obligation							-	ge Act of 1934,				
may cont	inue. Section I		Public Ut of the Inv (	•	•	· ·		f 1935 or Sectio	n			
See Instru 1(b).	uction	50(II)	) of the m	vestment	Compan	y Ac	10117-	+0				
1(0)												
(Print or Type I	Responses)											
1 Name and A	ddrass of Daparti	ing Demon *	<b>.</b> .			<b></b> 1.		5 Deletionship of	Doporting Dor	con(s) to		
	Address of Reporti			Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
iieiiii iiid			Symbol Idontiv	Inc. [IN]	761							
				Identiv, Inc. [INVE]					(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tr	ansaction			W D'	100			
2201 WAL	NUT AVENUI	E SUITE	(Month/D 09/07/20	-				X Director X Officer (give	title 0% Owner			
#100		L, SUITE	09/07/20	/18				below)	below)			
11100									CEO			
(Street) 4			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Mon	th/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person						
EDEMONIT	CA 04529							Form filed by N				
FREMONT	, CA 94558							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if		saction(A) or Disposed of			Securities	Form: Direct			
(Instr. 3)		any (Month	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wonu)	(Day/1Cal)	(11150.0)	(11150. 3,	4 anu	3)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported	. ,	· · ·		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	09/07/2018			F	4,360	D	\$ 6 46	239,760 (1)	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)	4. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 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**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
HUMPHREYS STEVEN								
2201 WALNUT AVENUE	, SUITE #100	Х		CEO				
FREMONT, CA 94538								
Signatures								
/s/ Steven								
Humphreys	09/11/2018							

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes an aggregrate of 75,664 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.

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.

<u>\*\*</u>Signature of Reporting Person