Edgar Filing: Houtkin Sherry - Form 4

| Houtkin She Form 4 | erry | | | | | | | | | | |
|--|---|------------|----------|--|---------------|-----------------------|---------------------|---|---|----------------------------------|--|
| April 23, 20 | ЛЛ |) STATES | 5 SECUI | RITIES A | ND EX | СНА | NGE C | OMMISSION | OMB AF OMB | PROVAL | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, | | | | | Number: Expires: | 3235-0287 January 31, 2005 | |
| | | | | | | | | | Estimated average burden hours per response 0.5 | | |
| obligatio may con <i>See</i> Instr 1(b). | ons Section 17 | (a) of the | Public U | | ding Cor | npan | y Act of | 1935 or Section | 1 | | |
| (Print or Type | Responses) | | | | | | | | | | |
| Houtkin Sherry Symbol GEN | | | Symbol | COR INDUSTRIES INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 2295 NW C BLVD, ST | (First) CORPORATE E 230 | (Middle) | - | f Earliest Tr Day/Year) | ransaction | | | Director Officer (give t below) | Litle Othe below) | Owner r (specify | |
| (Street) 4. If Ame | | | | endment, Date Original nth/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 | | | |
| (City) | (State) | (Zip) | Tahl | 0 I - Non-F | Dorivativa | Socur | | Person | or Bonoficial | v Owned | |
| 1.Title of Security (Instr. 3) | 1.Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date, if | | | 3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5) | | | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Common Stock, | 04/18/2018 | | | Code V | Amount 303 | (A) or (D) D | Price | Transaction(s) (Instr. 3 and 4) 1,235,225 | D | | |
| \$.001 par value | | | | | | | 16.767 | | | | |

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) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | | | | | |
|--|-----------|---------------|-----------|---------|-------|--|--|--|
| | | irector | 10% Owner | Officer | Other | | | |
| Houtkin Sherry 2295 NW CORPORATE E STE 230 BOCA RATON, FL 33431 | | | Х | | | | | |
| Signatures | | | | | | | | |
| /s/ Sherry Houtkin | 04/23/201 | 18 | | | | | | |
| **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).

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.