Edgar Filing: Reynolds Kenneth R - Form 4

Reynolds Ke	nneth R											
Form 4												
July 03, 2018	3											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL			
CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check thi	box								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNER				NERSHIP OF	Estimated a	2005 Laverage		
Section 1									burden hours per			
Form 4 or Form 5			~ • •		~ .				response 0.5			
obligatior	^						•	e Act of 1934,				
may conti	Section 1			•	•			1935 or Section	1			
See Instru	iction	30(n)	of the In	vestment	Compan	у Ас	1 01 194	0				
1(b).												
(Print or Type R	Responses)											
	•											
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Person(s) to				
Reynolds Kenneth R Symbol				C				Issuer				
				AN RUPP CO [GRC]				(Check all applicable)				
(Last) (First) (Middle) 3. Date o				of Earliest Transaction				(Check an applicable)				
				/Day/Year)				_X_ Director 10% Owner				
								Officer (give titleOther (specify below)				
								, , , , , , , , , , , , , , , , , , , ,				
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check					
rned(Mor				iui/Day/Teat)				Applicable Line) _X_ Form filed by One Reporting Person				
MT VERNO	ON, OH 43050							Form filed by M	lore than One Re	porting		
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security	• •		n Date, if Transaction(A) or Disposed of (D)				d of (D)	5. Amount of Securities		Indirect		
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned		Beneficial Ownership		
		(1vionui/1	Day (Teal) (Illsu. 0)			Following						
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(insu: 5 and 4)				
Common	07/02/2018			J (1)	1,500	А	\$	$17,500^{(2)}$	D			
Stock							34.55					

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)

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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. 6. Date Exerc ionNumber Expiration Da of (Month/Day/ Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative D Security Sec (Instr. 5) Bec O Fec Re Tr	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Reynolds Kenneth R 1424 GREENBRIER DRIVE MT VERNON, OH 43050	Х			
Signatures				
Kenneth R. Reynolds BY: /s/Ja	07/03/2018			

is BY: /s/James C. Ken Attorney-in-Fact

**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) Shares acquired through an exempt non-employee Directors' Compensation Plan.
- (2) Includes 6,500 shares acquired through an exempt non-employee Directors' 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.