Edgar Filing: COSTAR GROUP INC - Form 4

COSTAR GF	ROUP INC												
Form 4													
August 01, 20	013												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL					
	- UNITED S	IAIES				ND EAC D.C. 205		NGE (_OMINII55ION	OMB Number:	3235-0287		
Check thi	s box		vv as	mngu	л і , 1	D.C. 203	949				January 31,		
if no longer STATEMENT OF CHANCES IN BE					BENEFICIAL OWNERSHIP OF				Expires:	2005			
subject to Section 10								Estimated average burden hours per					
Form 4 or		Sheemines							response 0.				
Form 5	Filed purs	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligation may conti	Nection 1/19			•		•	• •		f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestme	ent (Compan	y Act	of 194	40				
1(b).													
(Print or Type R	(esponses)												
(Thit of Type K	(csponses)												
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of							f Reporting Per	Reporting Person(s) to					
KLEIN MICHAEL R Symbol				R GROUP INC [CSGP]					Issuer				
									(Check all applicable)				
(Last)	(First) (M	iddle)	3. Date of	Earlies	t Tra	nsaction			(Cneo	ск ан аррисаби)		
(Month/Da			bay/Year)					X Director 10% Owner					
C/O COSTAR GROUP, INC., 1331 07/29/20				.013					Officer (give title Other (specify below) below)				
L STREET,	NW								below)	below)			
(Street) 4. If Amer			endment, Date Original					6. Individual or Joint/Group Filing(Check					
Filed(Mont				onth/Day/Year)					Applicable Line)				
	FON DO 20005								_X_ Form filed by Form filed by N				
WASHING	FON, DC 20005								Person		1 0		
(City)	(State) (2	Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	2A. Deer	emed 3. 4. Securities						5. Amount of	6. Ownership 7. Natur	7. Nature of		
Security	(Month/Day/Year)	Executio	TransactionAcquired (A) or					Beneficially	Form: Direct	Indirect Beneficial Ownership			
(Instr. 3)		any (Month/I	Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			(D) or Indirect (I)						
		(INIOIILINI	Jay/ I cal)	(msu.	0)	(instr. 5,	+ anu	5)	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code	V	Amount	(D)	Price	(1150. 5 and 4)				
Common													
Stock, par value \$0.01	07/29/2013			G	V	6,410	D	\$0	326,034 <u>(1)</u>	D			
per share													

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	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						
1	Director	10% Owner	Officer	Other			
KLEIN MICHAEL R C/O COSTAR GROUP, INC. 1331 L STREET, NW WASHINGTON, DC 20005	Х						
Signatures							
/s/ Jonathan Coleman, Attorney-in-Fact	08/01/2013						
**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).
- Represents all shares of Common Stock owned, consisting of 322,372 shares of Common Stock and 3,662 shares of Common Stock (1) subject to unvested Restricted Stock Grants.

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.