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MERCURY	SYSTEMS INC										
Form 4	2015										
August 18, 2	ЛЛ	STATES S	SECUR	RITIES A	AND EX(CHA	NGE C	OMMISSION	OMB AF	PROVAL	
<i>~</i>				shington,					Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or			CHAN	GES IN SECUR		[CIA]	L OWN	NERSHIP OF	Expires: Estimated a burden hour response		
Form 5 obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the Pu	ublic U		ding Com	ipany	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol MERCURY SYSTEMS INC					5. Relationship of Reporting Person(s) to Issuer			
			MRCY					(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2015					Director 10% Owner X Officer (give title Other (specify below) below) President and CEO			
2011111121	(Street)				ata Oniainal					o (Chash	
				endment, Da hth/Day/Year	-			6. Individual or Jo Applicable Line) _X_Form filed by O Form filed by M	one Reporting Per	rson	
CHELMSF	ORD, MA 01824							Person		porting	
(City)	(State) (Zip)	Tabl	e I - Non-I	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		Fransaction Date 2A. Deemed onth/Day/Year) Execution Date any (Month/Day/Ye			4. Securit on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	curities Ownership meficially Form: Direct wned (D) or llowing Indirect (I) eported (Instr. 4) ansaction(s)		
Common				Code V		(D)	Price \$				
Stock	08/15/2015			F	70,056	D	ф 16.02	567,899	D		
Common Stock	08/17/2015			А	45,447 (1)	Α	\$ 0	613,346	D		
Common Stock	08/17/2015			А	45,447 (2)	А	\$0	658,793	D		
Common Stock	08/17/2015			S	18,072 (3)	D	\$ 15.59	640,721	D		
Common Stock	08/18/2015			S	265 <u>(3)</u>	D	\$ 15.59	640,456	D		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	751 1	or		
						Exercisable	Date		Number		
				<u> </u>					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Re		
	Director	10% Owner	Officer	Other
ASLETT MARK 201 RIVERNECK ROAD CHELMSFORD, MA 01824			President and CEO	
Signatures				
Peter Blais, Attorney-in-fact	08/18/20	015		

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) These shares of restricted stock vest in three equal installments beginning on August 17, 2016.

Date

- (2) These shares of performance-based restricted stock fully vest, partially vest, or forfeit in installments based upon the achievement of performance objectives for the relevant performance periods.
- (3) The disposition of shares was to cover the required tax withholding triggered by the vesting of restricted stock.

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.

**Signature of Reporting Person