Edgar Filing: HENSLEE GREGORY L - Form 4

HENSLEE	GREGORY L											
Form 4												
February 05												
FORM	A 4 UNITED	STATES							COMMISSION	ОМВ	APPROVAL 3235-0287	
Check th	nis box		Wa	shingto	on, I	D.C. 2	0549			Number:	January 31,	
if no lon subject t Section Form 4 d	F CHANGES IN BENEFICIAL OWN SECURITIES						NERSHIP OF	Expires: Estimated burden ho response	2005 I average burs per			
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(ntinue. ruction	a) of the l	Public U	Jtility H	Ioldi	ng Co	mpar	U	e Act of 1934, 21935 or Sectio 0	·		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> HENSLEE GREGORY L			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			O REII [ORLY	LLY AU []	UTO	MOT	[VE]	INC	(Cheo	ck all applicat	ble)	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)						X Director X Officer (give below)		0% Owner ther (specify	
233 S. PAT	TERSON AVE		02/01/2	2018					below)	CEO		
	(Street)			endment, onth/Day/Y		e Origin	al		6. Individual or Jo Applicable Line)			
SPRINGFI	ELD, MO 65802								_X_ Form filed by Form filed by M Person			
(City)	(State)	(Zip)	Tab	ole I - No	n-De	rivative	e Secu	rities Acq	uired, Disposed o	f, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transac Code (Instr. 8	ction(A (I 3)	nstr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/01/2018			А	1 (1	,239)	А	\$ 262.38	8,735 <u>(2)</u>	D		
Common Stock									28,407 <u>(3)</u>	I	Indirectly in the Company's 401k plan and as trustee of a GRAT.	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exerce Expiration D		7. Title Amoun		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Underly Securit	ying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
r o	Director	10% Owner	Officer	Other			
HENSLEE GREGORY L 233 S. PATTERSON AVE SPRINGFIELD, MO 65802	Х		CEO				
Signatures							

/s/ Greg L. Henslee	02/05/2018			
<u>**</u> 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 a restricted share award, which vests in three equal annual installments on February 1, 2019, 2020 and 2021. (1)
- Total includes 917 shares held under the Company's Employee Stock Purchase Plan, 1,239 unvested restricted share awards and 6,579 (2)shares held directly by Mr. Henslee.
- Total includes 5,005 shares held in the Company's 401k plan and 23,402 shares held as trustee of a Grantor Retained Annuity Trust (3) (GRAT).

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.