Edgar Filing: DEFOSSET DON - Form 4

| DEFOSSET I Form 4 | | | | | | | | | | | | |
|---|--|--|------------------|--|-------------|-------|--|---|---|--|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB | 3235-0287 | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940 | | | | | | | | burden hou response | nber: ires: January 31, 2005 mated average den hours per | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| DEFOSSET DON Syr TE | | | Symbol | • | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | TEREX CORP [TEX] | | | | | (Check all applicable) | | | | |
| (Mon | | | | ate of Earliest Transaction nth/Day/Year) 14/2018 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| WESTPORT | , CT 06880 | | | | | | | Form filed by I Person | More than One Ro | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | n Date 2A. Deemed Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | | | 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, par value \$.01 | 05/14/2018 | | | A | 5,427 | A | \$ 0 | 136,855 <u>(2)</u> | D | | | |

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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own 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 | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| DEFOSSET DON TEREX CORPORATION 200 NYALA FARM ROAD WESTPORT, CT 06880 | X | | | | | | |
| Signatures | | | | | | | |
| /s/ Scott J. Posner, by power of attorney | 05/16/2018 | | | | | | |
| <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).
- (1) Shares granted pursuant to one of the Company's long-term incentive plans representing payment of annual director retainer.
- (2) Ownership includes shares received as a dividend.

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.