### Edgar Filing: SIMPSON MANUFACTURING CO INC /CA/ - Form 4

### SIMPSON MANUFACTURING CO INC /CA/

Form 4 May 17, 2017

## FORM 4

### **OMB APPROVAL**

response...

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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number: January 31,

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Expires: 2005 Estimated average burden hours per

0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1 Name and Address of Departing De

1. Name and Address of Reporting Person * SIMPSON SHARON H			2. Issuer Name and Ticker or Trading Symbol SIMPSON MANUFACTURING CO INC /CA/ [SSD]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) (First) (Middle) 21C ORINDA WAY			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017						DirectorX 10% Owner Officer (give title Other (specify below)				
(Street) ORINDA, CA 94563				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	(City)	(State)	(Zip)	Tab	le I - No	on-D	erivative)	Secui	ities Ac	Person equired, Disposed	of, or Benefic	ially Owned	
	1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	ned	3. Transa Code (Instr.	actio 8)		ties A ispose 4 and (A) or	cquired d of	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	
	Common Stock	05/16/2017			G	V	200	D	\$ 41.3	5,276,736 (1)	I	By Trust	
	Common Stock									1,412,850 (2)	I	By non-profit public benefit corporation	
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										SEC 1474 (9-02)			

displays a currently valid OMB control

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#### 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 D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Lacreisable	Dute		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 8	Director	10% Owner	Officer	Other				
SIMPSON SHARON H 21C ORINDA WAY ORINDA, CA 94563		X						

## **Signatures**

/s/SHARON H. 05/17/2017 SIMPSON

\*\*Signature of Reporting 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) The shares are owned by Sharon H. Simpson, Trustee of the Barclay and Sharon Simpson 2007 Trust, dated May 25, 2007.
- (2) The shares are owned by the Simpson PSB Fund, a California nonprofit public benefit corporation, of which Sharon Simpson is a member of the Board of Directors. Sharon H. Simpson disclaims beneficial ownership of these shares.

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.

Reporting Owners 2