Edgar Filing: Sauers Kyle - Form 4

Sauers Kyle

| Form 4 October 10, 2 | 2017 | | | | | | | | | |
|--|--|--|---|------------|---|---|--|--|--|--|
| | FORM 4 LINUTED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | |
| | Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or | er STATEM 6. | | | | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.9 | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | $\frac{1}{1}$ Section $17(a$ | suant to Section a) of the Public 30(h) of the 1 | Utility Hold | ling Con | ipany | Act of | 1935 or Section | | | |
| (Print or Type R | lesponses) | | | | | | | | | |
| Sauers Kyle Sy | | | 2. Issuer Name and Ticker or Trading Symbol Echo Global Logistics, Inc. [ECHO] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | fiddle) 3. Date | 3. Date of Earliest Transaction (Ch | | | | (Chec | ck all applicable) | | |
| | GLOBAL LOGIS ÆST CHICAGO SUITE 725 | STICS, 10/07/ | /Day/Year) 2017 | | | | Director X Officer (give below) Chief I | | Owner r (specify er | |
| | (Street) 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 | | | | |
| CHICAGO, | IL 60654 | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) Ta | ble I - Non-D | Derivative | Securi | ities Acq | uired, Disposed of | , or Beneficial | v Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactio Code) (Instr. 8) | 4. Securi | ties Ad sposed 4 and (A) or | cquired 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 | |
| Common Stock | 10/07/2017 | | F <u>(1)</u> | | D | \$ 19.65 | 85,919 | 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) | 4. Transact Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Year) rivative curities quired) or sposed (D) str. 3, | | 7. Title Amoun Underly Securiti (Instr. 3 | nt of ying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno 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 g the state of the state | Director | 10% Owner | Officer | Other | | | |
| Sauers Kyle C/O ECHO GLOBAL LOGISTICS, INC. 600 WEST CHICAGO AVENUE, SUITE 725 CHICAGO, IL 60654 | | | Chief Financial Officer | | | | |
| Signatures | | | | | | | |
| /s/ David B. Menzel, by Power of Attorney | 10/10/20 |)17 | | | | | |
| **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 withheld by the issuer to satisfy the mandatory tax withholding requirement upon vesting of restricted shares. This is not an open market sale of securities.

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.