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BEACON ROOFING SUPPLY INC

Form 4

value

November 23, 2016

| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB APPROVAL | | | | |
|--|---|---|---|---|--------------|-----------|---|--|--|----------|--|--|
| | | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long subject to Section 1 Form 4 o Form 5 obligation | 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 | | | | | | | | Expires: January 31 Estimated average burden hours per response 0. | | | |
| • | See Instruction 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * NOWICKI JOSEPH M | | | 2. Issuer Name and Ticker or Trading Symbol BEACON ROOFING SUPPLY INC | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | · | BECN] | Farliest Tr | ansaction | | | Director 10% Owner | | | | | |
| 505 HUNTN DRIVE, SU | (1 | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2016 | | | | | Officer (give titleOther (specify below) EVP & CFO | | | | | |
| | (Street) | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| HERNDON | , VA 20170 | | | | | | | Form filed by M Person | Iore than One Re | porting | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock, \$0.01 par | 11/22/2016 | | | Code V M | Amount 1,749 | or (D) | Price | (Instr. 3 and 4) 1,749 | D | | | |
| value Common Stock, \$0.01 par | 11/22/2016 | | | F | 579 | D | \$ 45.36 | 1,170 | D | | | |

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transacti Code (Instr. 8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Pr Deriv Secu (Inst |
|---|---|---|---|---------------------------------------|-----|-------|--|--------------------|---|--|---------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Stock Units (RSUs) | <u>(1)</u> | 11/22/2016 | | M | | 1,749 | (2) | (2) | Common Stock, \$0.01 par value | 1,749 | \$ |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

NOWICKI JOSEPH M 505 HUNTMAR PARK DRIVE SUITE 300

EVP & CFO

Signatures

HERNDON, VA 20170

Joseph M. Nowicki 11/23/2016

**Signature of Date
Reporting Person

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) Restricted stock units convert into common stock on a one for one basis.
- (2) On November 22, 2013, the reporting individual was granted restricted stock units which vested on the third anniversary of the grant date. 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.

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