## Edgar Filing: HEANEY TIMOTHY M - Form 4

HEANEY T	IMOTHY M											
Form 4												
October 16, 2	2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL				
								OMB	3235-0287			
Check thi	is box		vvas	anngton,	D.C. 20	549			Number:	January 31,		
if no long		MENT OF	CHAN	GES IN I	BENEFI	CIA		NERSHIP OF	POF			
subject to Section 1	)			SECURITIES					Estimated average burden hours per			
Form 4 or				~~~~					response	rs per 0.5		
Form 5	Filed put	rsuant to Se	ction 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,				
obligation may cont		(a) of the Pu	ıblic Ut	ility Hold	ling Con	ipany	Act of	1935 or Section	n			
See Instru		30(h) of	f the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Duint on Tom - I												
(Print or Type F	(esponses)											
1 Name and A	ddress of Reporting	Person *	2 Locus	Nama and	Tieker or	Tradir		5. Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person * HEANEY TIMOTHY M2. Issuer Symbol				Ivanie and	Ticker of	Tradif	Ig	Issuer				
	X-FREE INCOME INC											
			DTF]		nicom	<b> 1</b>	e	(Check all applicable)				
(Last)	(First) (	-	-	Farliest Tr	ansaction			Director	10%	Owner		
				of Earliest Transaction Day/Year)				Officer (give title Other (specify				
NEWFLEET ASSET 10/11/2				-				below) below) VP & Chief Investment Officer				
MANAGEM	MENT, 100 PEA	RL						vi a cine		incer		
STREET												
	(Street)	4	. If Ame	ndment, Date Original				6. Individual or Joint/Group Filing(Check				
				th/Day/Year)	)			Applicable Line)				
								_X_Form filed by C Form filed by M				
HARTFORI	D, CT 06103							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat			3.	4. Securit		-	5. Amount of	6. Ownership			
Security	(Month/Day/Year)		Date, if						Form: Direct			
(Instr. 3) any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Beneficial Ownership			
		(11101111)20	<i>j, 10mj</i>	(11154110)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
a				Code V	Amount	(D)	Price	(mout o und 1)				
Common	10/11/2018			Р	2,000	А	\$	15,000	D			
Stock							12.42					

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	Date	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		
-											

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
		Director	10% Owner	Officer	Other				
HEANEY TIMOTHY M NEWFLEET ASSET MANAGEMENT 100 PEARL STREET HARTFORD, CT 06103				VP & Chief Investment Officer					
Signatures									
/s/ Timothy M. Heaney	10/15/2018								
<u>**Signature of</u>	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).

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.