## Edgar Filing: Dance Michael T - Form 4

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Dance Michae Form 4	el T										
January 03, 20									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287 January 31, 2005		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires:			
subject to Section 16 Form 4 or	F CHAN	GES IN B SECURI		CIA	LOWN	ERSHIP OF	Estimated a burden hour response	average urs per			
Form 5 obligations may contir <i>See</i> Instruc 1(b).	Section 17	(a) of the		ility Holdi	ing Com	pany	Act of	Act of 1934, 1935 or Section 0	1		
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Dance Michael T			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
		INVESTORS REAL ESTATE TRUST [IRET]					(Check all applicable)				
(Last)	3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director10% Owner Officer (give titleOther (specify below) below)					
	CORS REAL ES 0 31ST AVE. S		12/31/20	018							
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MINOT, ND	58702							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, i any (Month/Day/Year)		Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares of Beneficial Interest	12/31/2018			Code V P		(D) A	Price \$ 47.32	2,500 <u>(1)</u>	I	Dance Family Living Trust	
Common Shares of Beneficial Interest								3,369 <u>(1)</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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Dance Michael T C/O INVESTORS REAL ESTATE TRUST Х 1400 31ST AVE. SW, SUITE 60 **MINOT, ND 58702** Signatures /s/ Anne Olson, Attorney in Fact for Michael T. 01/03/2019 Dance \*\*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).

Effective at the close of market on December 27, 2018, the Issuer effected a 1-for-10 reverse stock split of its issued and outstanding common shares of beneficial interest, resulting in a proportional decrease in the total common shares beneficially owned by the reporting

(1) person. All previously reported restricted stock unit and option grants, option exercise prices, and securities convertible into common stock were proportionally adjusted to reflect the reverse split. The reporting person will receive cash in lieu of fractional shares in the reverse stock split.

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.