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Schuessler M Form 4	Iorgan M											
August 14, 2	_									OMB AF	PROVAL	
FORM	14 UN	ITED S	STATES					NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or		Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 3 200 Estimated average burden hours per response 0		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Secti		a) of the l	Public U		ling Com	pany	Act of	e Act of 1934, 1935 or Section 0	l		
(Print or Type I	Responses)											
1. Name and A Schuessler M			Person <u>*</u>	Symbol	r Name and ÈEC, Inc.		Fradin	g	5. Relationship of I Issuer	Reporting Pers	on(s) to	
(Last)	(First)								(Check all applicable)			
PO BOX 36	64527			(Month/E 01/01/2	-				X Director X Officer (give below) Pres		Owner r (specify	
C A NI TI I A NI	(Street)	6 4507			ndment, Da nth/Day/Year	-			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Per	rson	
(City)	(State)		(Zip)						Person			
1.Title of Security (Instr. 3)	2. Transact (Month/Da	ion Date	2A. Deen Execution any	ned	3.	4. Securiti n(A) or Dis (Instr. 3, 4	ies Actor sposed and 5 (A)	quired of (D)	irred, Disposed of, 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
~					Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock	01/01/20	16			F	1,056	D	16.74 (1)	381,775	D		
Common Stock	04/01/20	16			F	722	D	\$ 13.98 (1)	381,053	D		
Common Stock	12/31/20	16			J	22,497 (2)	D	<u>(2)</u>	358,556	D		
Common Stock	02/21/20	17			F	5,423	D	\$ 17.25 (1)	353,133	D		

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Common Stock	03/17/2017	F	14,108	D	\$16.7 (3) 339,025	D
Common Stock	04/12/2017	F	10,875	D	$\frac{15.5}{(1)}$ 328,150	D

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

SEC 1474 Persons who respond to the collection of information contained in this form are not (9-02)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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	7. Title Amoun Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schuessler Morgan M PO BOX 364527 SAN JUAN, PR 00936-4527	Х		President & CEO				
Signatures							

/s/ Morgan M.	
Schuessler, Jr.	08/14/2017
**Signature of Reporting Person	Date

**Signature of 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).

Reflects shares of common stock withheld by the Issuer to pay the tax liability of the Reporting Person in connection with the vesting of (1)restricted stock units granted on April 1, 2015.

- (2) Reflects a forfeiture of performance-based shares from the Reporting Person's March 13, 2015 grant because certain pre-established goals were not achieved.
- (3) Reflects shares of common stock withheld by the Issuer to pay the tax liability of the Reporting Person in connection with the vesting of restricted stock units granted on Feburary 19, 2016.

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.