Edgar Filing: SPRINT Corp - Form 4

| SPRINT Con | р | | | | | | | | | | |
|--|-----------------------------------|-------------|-----------|--|---|---------|------------|--|--|--|--|
| Form 4 | | | | | | | | | | | |
| February 24, | 2015 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | PROVAL | | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | burden hou | Expires: January 31 2005 Estimated average burden hours per response 0.5 | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ^{ns} inue. Section 1 | 7(a) of the | Public Ut | tility Hol | | pany | Act of | e Act of 1934, E 1935 or Section 0 | · | 0.0 | |
| (Print or Type I | Responses) | | | | | | | | | | |
| SCHIEBER PAUL W JR Symbol | | | | er Name and Ticker or Trading T Corp [S] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | nte of Earliest Transaction hth/Day/Year) 2/2015 | | | | (Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other (specify below)</u> Vice President & Controller | | | |
| | | | | Amendment, Date Original I(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| OVERLAN | D PARK, KS (| 56251 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-l | Derivative S | Securit | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | any | | | 4. Securit ion(A) or Di (Instr. 3, 4) 7 Amount | sposed | 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) | | |
| Common Stock | 02/22/2015 | | | Code V F | 14,296 (1) | D | \$ 4.77 | 120,097 <u>(2)</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)

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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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-----------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SCHIEBER PAUL W JR 6200 SPRINT PARKWAY OVERLAND PARK, KS 66251 | | | Vice President & Controller | | | | | |
| Signatures | | | | | | | | |
| /s/ Stefan K. Schnopp Attorney-in-Fact | 02/ | 24/2015 | | | | | | |
| **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 Registrant to satisfy minimum statutory withholding requirements on vesting of restricted stock units.
- (2) Includes 89,253 restricted stock units which are subject to forfeiture until they vest.

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.