Edgar Filing: Haspel Ahron H - Form 4

| Haspel Ahron Form 4 | | | | | | | | | | | |
|--|----------------------------|---|--|---|------------|-----------|-----------|---|--|---|--|
| August 14, 20 | | | | | | | | | | PPROVAL | |
| FORM | UNITEL | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | |
| Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b). | Filed pu ue. Section 17 | 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 20(b) of the Investment Company Act of 1040 | | | | | | | | Lanuary 31, 2005Estimated average burden hours per response0.5 | |
| (Print or Type Re | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Haspel Ahron H | | | 2. Issuer Name and Ticker or Trading Symbol NORTH EUROPEAN OIL ROYALTY TRUST [NRT] | | | | 7 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 220 EAST 65TH STREET, APT. 24G | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2017 | | | | | Director10% Owner Officer (give titleXOther (specify below) below) Trustee | | | |
| | | | | f Amendment, Date Original ed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| NEW YORK | , NY 10065-60 | 629 | | | | | | Form filed by M Person | More than One Re | porting | |
| (City) | (State) | (Zip) | Table | I - Non-De | rivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | | on Date, if | Date, if TransactionAcquired (A) or Code Disposed of (D) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Units of Beneficial Interest | 08/14/2017 | | | Р | 1,000 | A | \$ 6.6 | 2,000 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | | | |
|---|----------|------------|---------|---------|--|
| FB | Director | 10% Owner | Officer | Other | |
| Haspel Ahron H 220 EAST 65TH STREET, APT. 24G NEW YORK, NY 10065-6629 | | | | Trustee | |
| Signatures | | | | | |
| John R. Van Kirk under POA of continu Haspel | | 08/14/2017 | | | |
| <u>**</u> Signature of Reportin | 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.