Edgar Filing: Lau Jannie K - Form 4

| Lau Jannie K | Σ. | | | | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------|---------------------|-------------|----------------------------------------|--------------|----------|-------------------------------------------|-----------------------------------------------|---------------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| January 26, 2 | 2018 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| | UNITE | D STATES | | RITIES A shington, | | | IGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer | | | | | | | | | Expires: | January 31, 2005 | |
| subject to | | EMENT O | F CHAN | GES IN BENEFICIAL OWNERSH | | | | NERSHIP OF | Estimated a | | |
| Section 1 | | | | SECURITIES | | | | | burden hours per | | |
| Form 4 o Form 5 | | and the second test | Section 1 | f(a) of the | o Cooumiti | oo Ew | ahana | h A at of 1024 | response 0.5 | | |
| obligatio | - | | | | | | - | e Act of 1934, 1935 or Sectior | h | | |
| may cont | inue. | | | vestment | . | | | | 1 | | |
| See Instru 1(b). | uction | 50(11) | or the m | (estiment | company | 1100 | 01 17 1 | Ŭ | | | |
| | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and A | ddress of Reporti | ng Person * | 2 Issue | r Name and | Ticker or T | Fradino | , | 5. Relationship of | Reporting Pers | son(s) to | |
| 1. Name and Address of Reporting Person *2. IssueLau Jannie KSymbol | | | | er Name and Ticker or Trading | | | | Issuer | | | |
| • | | | • | nterDigital, Inc. [IDCC] | | | | | | | |
| (Last) | (First) | (Middle) | | f Earliest Tr | | | | (Check | k all applicable | .) | |
| | | | n/Day/Year) | | | Director | | Owner | | | |
| | | | 01/24/2 | - | | | | _X_ Officer (give title Other (specify below) | | | |
| PARKWAY | 7, SUITE 300 | | | | | | | · · · · · · · · · · · · · · · · · · · | eral Counsel & | Sec. | |
| | | | 4. If Ame | mendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Mor | ed(Month/Day/Year) | | | | Applicable Line) | | | |
| | | ~ | | | | | | _X_ Form filed by O Form filed by M | | | |
| WILMING | FON, DE 1980 | 9 | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Derivative S | ecurit | ies Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date 2A. Deemed | | | 3. | 4. Securitie | es Acq | uired | 5. Amount of | 6. | 7. Nature of | |
| Security | (Month/Day/Year) Execution Date, if | | | Transaction(A) or Disposed of (D) | | | | Securities | Ownership | Indirect | |
| (Instr. 3) | | any (Month/I | Day/Year) | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Beneficially Owned | Form: Direct Bene (D) or Own | Beneficial Ownership | |
| | | (iiiiiii) (iiiiiii) | | | | | Following | | (Instr. 4) | | |
| | | | | | | (A) | | Reported | (Instr. 4) | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| Commor | | | | Code V | Amount | (D) | Price | (| | | |
| Common Stock | 01/24/2018 | | | A <u>(1)</u> | 32.5715 | А | \$0 | 18,788.1429 | D | | |
| Stoon | | | | | | | | | | | |

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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt 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 | | | | |
| Lau Jannie K 200 BELLEVUE PARKWAY SUITE 300 WILMINGTON, DE 19809 | | | EVP, General Counsel & Sec. | | | | | |
| Signatures | | | | | | | | |
| /s/ Claire H. Hanna, Attorney-in-Fact for Jannie K. Lau | | | 01/26/2018 | | | | | |
| **Signature of Reporting | Person | | Date | | | | | |
| Explanation of Re | enon | 696. | | | | | | |

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).
- Restricted stock units received pursuant to dividend equivalents credited on unvested restricted stock units previously granted to the
 (1) reporting person. Dividend equivalents accrue with respect to unvested restricted stock units when and as cash dividends are paid on InterDigital, Inc.'s common stock.

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.