## Edgar Filing: McGovern Ross - Form 4

McGovern Re	OSS										
Form 4											
September 10	), 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	OMB APPROVAL			
	- UNITED	STATES					NGE (	COMMISSION		3235-0287	
Check this	Check this box Washington, D.C. 20549							Number:	January 31,		
if no longer white the STATEMENT OF CHANGES IN BENEFICIAL							NERSHIP OF	Expires:	2005		
subject to					SECURITIES					Estimated average burden hours per	
Form 4 or									response 0		
Form 5	Filed pur	suant to S	Section 16	b(a) of the	Securiti	es Ex	chang	ge Act of 1934,	•		
obligation may conti				•	•			f 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment (	Company	Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(This of Type is	esponses)										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of							Reporting Person(s) to				
McGovern R	loss		Symbol					Issuer			
STANDEX INTERNATIONAL						k all applicable)					
			CORP/D	DE/ [SXI]				(Cheo	ck all applicable	5)	
(Last)	(First) (M	Aiddle)	3. Date of	Earliest Tra	nsaction			Director		6 Owner	
(Month/Da				-			XOfficer (give titleOther (specify below) below)				
	YDIN DRIVE, S	UITE	09/06/20	018				/	lent Human Re	sources	
300											
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line) _X_ Form filed by One Reporting Person			
SALEM, NH	I 03079							Form filed by I	More than One Re		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	e 2A. Dee	med	3. 4. Securities					6. Ownership		
Security	(Month/Day/Year)		on Date, if	Code Disposed of (D)				Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	Day/Year)				•	(D) or Indirect (I)	Beneficial Ownership		
		× ·	, ,		× ,		·	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
					•	or	D.	(Instr. 3 and 4)			
Common					Amount	(D)	Price				
Stock	09/06/2018			A <u>(1)</u>	982	А	\$0	4,682	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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Phantom Stock Units	\$ 76.65	09/06/2018		A <u>(2)</u>	392.6992	09/06/2021	09/06/2021	Common Stock	392.6

## **Reporting Owners**

Reporting Owner Name / Addres	55	Relationships						
	Director	10% Owner	Officer	Other				
McGovern Ross 11 KEEWAYDIN DRIVE SUITE 300 SALEM, NH 03079			Vice President Human Resources					
Signatures								
/s/ Alan J. Glass	09/10/2018							

<u>\*\*</u>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) Grant of restricted stock pursuant to Long Term Incentive Plan of the Company which cliff vests three years from date of award.
- (2) Contingent Purchase of Phantom Stock of the Company pursuant to Long Term Incentive Plan vesting three years after the date of purchase in the form of 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.