Edgar Filing: PASHCOW JOEL M - Form 4

| PASHCOW Form 4 | | | | | | | | | | | | |
|--|--|---------------|--|--|--------------|-----------|------------------------|--|--|---|--|--|
| May 22, 20 | | | | | | | | | | PPROVAL | | |
| FORM | 14 UNITED | STATES S | ECURITI | ES A | AND EX | СНА | NGE CO | MMISSION | OMB | | | |
| Check th | us hox | | Washing | ton | , D.C. 20 |)549 | | | Number: | 3235-0287 | | |
| if no lon | Check this box if no longer STATEMENT OF CHANCES IN DENEELCIAL OWNEDSHID OF | | | | | | RSHIP OF | Expires: | January 31, 2005 | | | |
| 0 | | | | | | | | Estimated burden hou | | | | |
| Form 4 or | | | | | | | | | response | | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | ons Section 17(| (a) of the Pu | | Ho | lding Cor | npan | y Act of 1 | Act of 1934, 935 or Section | I | | | |
| (Print or Type Responses) | | | | | | | | | | | | |
| PASHCOW JOEL M Syn RA | | | 2. Issuer France and French of Frading | | | | | . Relationship of Reporting Person(s) to ssuer | | | | |
| | | | | | | | | (Check all applicable) | | | | |
| | | | | | | | | _X Director Officer (give t | | % Owner her (specify | | |
| | | | (Month/Day/Year) On 05/18/2018 | | | | | | below) | | | |
| | | | - | | | | | . Individual or Joint/Group Filing(Check | | | | |
| Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person | | | | | | | | | | | | |
| PALM BEACH, FL 33480 Form filed by More than One Reporting Person | | | | | | | | | | | | |
| (City) | (State) | (Zip) | Table I - N | lon- | Derivative | Secu | rities Acquir | ed, Disposed of, | or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | ate, if Trans Code | if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) ar) (Instr. 8) Securities Beneficially Owned Following Reported | | | | | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | • 7 | | (A) or | р. | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | | |
| Common Shares of | 05/18/2018 | | Code | V | Amount 5,319 | (D) D | Price \$ 11.3698 | 85,978 | D | | | |
| Beneficial Interest | 03/10/2010 | | 5 | | 5,517 | D | (<u>1</u>) | 05,770 | D | | | |
| Common Shares of Beneficial Interest | 05/18/2018 | | S | | 4,000 | D | \$ 11.3705 (1) | 0 | I | Stacey Pashcow Irrevocable Trust <u>(2)</u> | | |
| Common Shares of Beneficial Interest | 05/18/2018 | | S | | 15,000 | D | \$ 11.369 (3) | 80,550 | I | Irrev. Trust of J. Pashcow (2) | | |

Edgar Filing: PASHCOW JOEL M - Form 4

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)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|--------------|------------|---------------|-------------|-----------|--------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 3 | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | T1 | or | | |
| | | | | | | | Date | Title | Title Number | | |
| | | | | C 1 1 | | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PASHCOW JOEL M 261 VIA BELLARIA PALM BEACH, FL 33480 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Donald J. Kunz, attorney-in-fact | | 05/22/2018 | | | | | | |
| <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).

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.34 to \$11.405, inclusive. The reporting person undertakes to provide Ramco-Gershenson Properties Trust, any security holder of Ramco-Gershenson Properties Trust, or staff of the Securities and Exchange Commission, upon request, full information regarding the

- number of shares sold at each separate price within the range set forth above.
- (2) Shares are owned by Trust for which the reporting person serves as trustee and for the benefit of one or more of the reporting person's family members, and the reporting person disclaims ownership over such shares.
- (3) The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.335 to \$11.405, inclusive. The reporting person undertakes to provide Ramco-Gershenson Properties Trust, any security holder of Ramco-Gershenson Properties Trust, or staff of the Securities and Exchange Commission, upon request, full information regarding the

Edgar Filing: PASHCOW JOEL M - Form 4

number of shares sold at each separate price within the range set forth above.

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.