Edgar Filing: Syngal Sonia - Form 4

Syngal Soni Form 4 March 21, 2 FORM Check th if no lon subject t Section Form 4 o Form 5 obligation may con <i>See</i> Instr 1(b).	018 A 4 UNITED anis box ger o 16. or Filed pur Section 17(IENT OF suant to S a) of the P	Was CHAN ection 1 Public Ut	Shington, GES IN SECUR 6(a) of th	D.C. 20 BENEFI ATTIES e Securit ding Com	549 CCIA ies E	L OWN xchange 7 Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Syngal Sonia			2. Issuer Name and Ticker or Trading Symbol GAP INC [GPS]				ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	Middle)									
TWO FOLSOM ST			(Month/Day/Year) 03/19/2018					Director 10% Owner X Officer (give title Other (specify below) President & CEO, Old Navy			
				Amendment, Date Original I(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
SAN FRAN	NCISCO, CA 941	05-1205							Iore than One Rej		
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed and f (A) or	l of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	02/10/2010			Code V	Amount	(D)	Price (1)		D		
Stock	03/19/2018			М	10,442	A	\$ 0 <u>(1)</u>	40,834	D		
Common Stock	03/19/2018			F	5,177	D	\$ 32.23	35,657	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.

Edgar Filing: Syngal Sonia - Form 4

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Number of orDerivative Securities Acquired (A) Disposed of ((Instr. 3, 4, at 5)) or (D)	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
Non-Qualified Stock Option (right to buy)	\$ 32.23	03/19/2018		А	180,000		(2)	(2)	Common Stock	180,0
Performance Shares	\$ 0 <u>(1)</u>	03/19/2018		А	10,442		(3)	(3)	Common Stock	10,44

Reporting Owners

Reporting Owner Name / Address	Relationships						
]	Director	10% Owner	Officer	Other			
Syngal Sonia TWO FOLSOM ST SAN FRANCISCO, CA 94105-1205			President & CEO, Old Navy				
Signatures							
By: JoAnne Zinman, Power of Attorney Fo	r: Sonia	03/21	/2018				

Explanation of Responses:

**Signature of Reporting Person

- * 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).

Date

- (1) Each performance unit represents a contingent right to receive one share of Gap Inc. Common Stock.
- (2) On March 19, 2018, the reporting person was granted an option to purchase a total of 180,000 shares, vesting in four equal annual installments beginning on the first anniversary of the grant date.
- On March 19, 2018 the Company's Compensation and Management Development Committee certified that the reporting person earned
 (3) 20,884 Performance Shares following completion of a three-year (2015-2017) performance cycle under the Company's Long-Term Growth program, with half of the award vesting on the certification date and the remainder vesting on the anniversary of such date.

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.

Syngal