Edgar Filing: Lembesis Maurine C. - Form 4

Lembesis Ma	urine C.										
Form 4											
March 06, 20	19										
FORM	4									PPROVAL	
	• UNITE	ED STATES					NGE (COMMISSION	OND	3235-0287	
Check this	s box		Was	hington	, D.C. 20	549			Number:		
if no long	or		ЕСНАМ	CEC DI	DENIDEI	CTA			Expires:	January 31, 2005	
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated	Estimated average		
Section 10		SECURITIES							burden hou	•	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligation		^						-			
may conti	nue. Section			•	•	· ·		of 1935 or Sectio	on		
See Instru	ction	50(II)	of the In	vestment	Compan	y Aci	. 01 19	40			
1(b).											
(Print or Type R	esponses)										
1 Name and A	ddress of Report	ing Person *	2 Isonor	Nama and	I Ticker or '	Fradin	a	5. Relationship o	f Reporting Per	son(s) to	
Lembesis M		0 • • •	Symbol	i vanie and		1 I adılı	5	Issuer	1 0		
			ITT Inc.	(ITTI)							
(Leet)	(Ein-t)							(Che	ck all applicabl	e)	
(Last)	(First)	(Middle)	3. Date of (Month/D	Earliest Tr	ransaction			Director	100	6 Owner	
C/O ITT INC	7 1133		03/04/20	-				Director X Officer (giv		er (specify	
	STER AVEN	UE	03/04/20	/1/				below)	below)		
		02						;	See Remarks		
	(Street)				ate Original			6. Individual or J	oint/Group Fili	ng(Check	
			Filed(Mon	th/Day/Year	r)			Applicable Line)	One Denertine D		
	INC NIX 10	604						_X_ Form filed by Form filed by	More than One R		
WHILE PLA	AINS, NY 100	504						Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if		ionAcquired			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial	
		(INIOIIIII	(Day/Teal)	(11150. 0)	(insu. 5,	4 and	5)	Following	(Instr. 4)	Ownership (Instr. 4)	
						(1)		Reported	. ,	. ,	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common	03/04/2019			А	2,060	А	\$0	9,369	D		
Stock	05/04/2019			Α	(1)	A	ψŪ	2,509	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)

Derivative Security			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5		(Instr.	3 and 4)	(1154:5)	
		Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners	S								
Reporting Owner Name	e / Address	Relationships							
L O		rector 10	% Owner	Officer	Other				
Lembesis Maurine C. C/O ITT INC. 1133 WESTCHI WHITE PLAINS, NY 10604	ESTER AVENUE			See Rema	rks				
Signatures									
/s/ Lori B. Marino, Secretary o Lembesis	f ITT Inc., by Power of	Attorney	for Maur	ine C.		03/0	6/2019		

4.

Code

(Instr. 8)

Execution Date, if

(Month/Day/Year)

5.

of

Derivative

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

Date

Securities

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Owne Follo Repo Trans (Instr

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

any

(Month/Day/Year)

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reflects an award of restricted stock units, all of which are scheduled to vest on March 4, 2022.

Remarks:

1. Title of

Security

(Instr. 3)

Derivative

2.

Conversion

or Exercise

Price of

SVP and Chief Human Resources Officer

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.