## Edgar Filing: MARTEN TRANSPORT LTD - Form 4

	RANSPORT LTE	)									
Form 4	0016										
December 30										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB A OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer StATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						urs per					
(Print or Type R	esponses)										
Ν			2. Issuer Name <b>and</b> Ticker or Trading Symbol MARTEN TRANSPORT LTD [MRTN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
-			f Earliest Transaction Day/Year)				Director 10% Owner XOfficer (give titleOther (specify below)below) EX VP and CFO				
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MONDOVI,	WI 54755								More than One Re		
(City)	(State) (	Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	emed on Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi mAcquired Disposed (Instr. 3,	ties l (A) c l of (D 4 and (A) or	or ))	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	
Common Stock	12/28/2016			А	12.93 (1)	А	\$0	36,374.52 <u>(2)</u>	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships							
Treporting of their function from	Director	10% Owner	Officer	Other					
Hinnendael James J 129 MARTEN STREET MONDOVI, WI 54755			EX VP and CFO						
Signatures									
/s/ James J.									
Hinnendael	12/30/2016								
<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) Represents dividend equivalent rights that accrued on December 28, 2016.

Includes: (i) 1,175 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2020; (ii) 940 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2019; (iii) 720 shares granted under a

(2) Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2018, (iv) 720 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2017, (v) 352 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 and (vi) 12,111.52 shares that the reporting person has deferred under the Issuer's deferred compensation plan.

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.