Edgar Filing: Gomez Elena - Form 4

Gomez Eler	na										
Form 4											
October 20,	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMI								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							JMINIISSION	OMB Number:	3235-0287		
Check this box if no longer			U					Expires:	January 31, 2005		
subject t	- SIATHA	IENT OF CH		IGES IN BENEFICIAL OWNERS				Estimated average			
Section	SECU	SECURITIES				burden hours per					
Form 5 Filed pursuant to Section 16(a) of the Securities					tion I	Twohonco	A at of 1024	response	0.5		
obligatio	ons Section 17(•	1935 or Section				
may con <i>See</i> Inst	iunue.		he Investment	•	-	•					
1(b).	ruction			L	5						
	D										
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person $\frac{*}{2}$ 2.	Issuer Name and	r Name and Ticker or Trading 5. Relation				ionship of Reporting Person(s) to			
Gomez Ele	na	Sym	nbol			- I	Issuer				
		Zer	endesk, Inc. [ZEN]				(Check all applicable)				
(Last)	(First) (I	Middle) 3. D	Date of Earliest T	ransaction			(0	un apprivació.	,		
1019 MARKET STREET (Month/I 10/19/2			onth/Day/Year)	•			Director 10% Owner X_ Officer (give title Other (specify				
			19/2017					below) below)			
							Chief F	inancial Office	er		
				(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			d(Month/Day/Yea					Applicable Line) _X_ Form filed by One Reporting Person			
SAN FRAM	NCISCO, CA 941	03				-	Form filed by Mo				
						ł	Person				
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date		3. 			equired (A)	5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution Date any	e, if Transactio Code	(Instr. 3,			Securities Beneficially	Ownership Form:	Indirect Beneficial		
((Month/Day/Ye		(- /	Owned	Direct (D)	Ownership		
							Following Reported	or Indirect (I)	(Instr. 4)		
					(A)		Transaction(s)	(I) (Instr. 4)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Com			0000 1	- into unit	(_)	\$					
Common Stock	10/19/2017		S <u>(1)</u>	1,200	D	30.1029	3,925	D			
STOCK						(2)					

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Gomez Elena 1019 MARKET STREET SAN FRANCISCO, CA 94103			Chief Financial Officer					
Signatures								
/s/ Hasani Caraway, as Attorney Gomez	10/20/2017							
<u>**</u> Signature of Reporting	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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by Elena Gomez on June 14, 2017.

This sale price represents the weighted average sale price of the shares sold ranging from \$30.06 to \$30.16 per share. Upon request by the (2) Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number

of shares sold at each separate price.

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.