Edgar Filing: LIFFMAN JOEL D - Form 4

LIFFMAN JO	OEL D											
Form 4												
January 08, 2	2019											
FORM	1 4									OMB AI	PPROVAL	
	UNITED) STATES				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287	
Check thi										Expires:	January 31,	
if no long subject to	SIATE	MENT O	F CHAN	GES IN BENEFICIAL OWN				OW	NERSHIP OF	Estimated a	2005 average	
Section 1				SECU	RI	TIES				burden hours per		
Form 4 or)r							response	•			
Form 5 obligatior	1							U	e Act of 1934,			
may conti				•		•	• •		f 1935 or Section	n		
See Instru	iction	30(h)	of the Inv	vestmen	nt C	Company	Act	of 194	10			
1(b).												
(Print or Type R	(esponses)											
(i iiii oi i jpo i	(espenses)											
1. Name and A	ddress of Reporting	g Person *	2. Issuer	Name ar	nd T	Ficker or 7	Fradin	J	5. Relationship of	Reporting Pers	son(s) to	
LIFFMAN J		-	Symbol	suer Name and Ticker or Trading				5	Issuer			
•				EXON CORP [XON]								
(Last)	(First)	(Middle)	3. Date of			-	-		(Chec	k all applicable	e)	
(Last)	(I list)	(winduic)	(Month/Da		11a	lisaction			Director	10%	Owner	
20374 SENE	ECA MEADOW	VS	01/04/20	-					Officer (give	title Oth	er (specify	
PARKWAY			01/01/20	,1,					below)	below) VP, Finance		
				f Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mo				ed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
GERMANT	OWN, MD 208	376								fore than One Re		
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	ecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.		4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea							Form: Direct				
(Instr. 3)		any (Month/	Code (D) n/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	•	(D) or Indirect (I)	Beneficial Ownership			
		(ivioiitii)	Day/Ical)	(Instr. o	,,	(1130. 5,	t and .)		(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
				Code	V	Amount	(D)	Price	(msur. 5 and 4)			
Common Stock	01/04/2019			А		13,774	А	<u>(1)</u>	99,315	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)

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>	01/04/2019		А	75,758	(3)	(3)	Common Stock	75,758	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LIFFMAN JOEL D 20374 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876			SVP, Finance			
Signatures						

/s/ Joel D. Liffmann, by Donald P. Lehr, as attorney-in-fact

**Signature of Reporting Person

01/08/2019 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).
- These shares of common stock resulted from the grant and immediate vesting of restricted stock units that were issued as a portion of the (1) reporting person's 2018 incentive compensation.
- (2) Each restricted stock unit represents a contingent right to receive one share of XON common stock.
- (3) The restricted stock units vest in four equal annual installments beginning January 4, 2020.

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.