Allegion plc Form 4 April 02, 2014

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

2005

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Ranck Douglas P

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Middle) (Last) (First)

Allegion plc [ALLE]

3. Date of Earliest Transaction

(Check all applicable)

C/O SCHLAGE LOCK CO.,

(Street)

(State)

(Month/Day/Year) 03/31/2014

Director 10% Owner X_ Officer (give title Other (specify below)

LLC, 11819 N. PENNSYLVANIA

V. President/Controller

STREET

(City)

(Instr. 3)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

CARMEL, IN 46032

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

3. Transaction Date 3A. Deemed 1. Title of

6. Date Exercisable and

7. Title and Amount

8. Price o Derivativ

(Month/Day/Year) Execution Date, if TransactionNumber **Expiration Date** of Underlying Conversion

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day	any (Month/Day/Year)	Code (Instr. 8)	Sec	vative irities uired	(Month/Day/Year)		Securities (Instr. 3 and 4)		Security (Instr. 5)
	Security				(A) Disp of (Ins	or oosed				Amount or Number of Shares	
				Code V	V (A)	(A) (D)	Date Exercisable	Expiration Date	Title		
Phantom Stock Units	\$ 0	03/31/2014		A	0.7 (1)		(2)	(2)	Ordinary Shares	0.7	\$ 52.17

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ranck Douglas P C/O SCHLAGE LOCK CO., LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032

V. President/Controller

Signatures

/s/ S. Wade Sheek, Attorney-In-Fact

04/02/2014

**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) Reflects acquisition of dividend equivalents paid on Company stock held through Company plans. Dividend equivalents are paid at the same rate and at the same time as dividends are paid to Company shareholders.
- (2) These phantom stock units are to be settled in cash equal to the fair market value of ordinary shares multiplied by the number of phantom stock units held upon the reporting person's termination of employment with the Issuer.
- (3) Amount represents an approximate number of shares based on the total market value of the reporting person's Company stock fund units, as reported by the trustee of the Company supplemental 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.

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