## Edgar Filing: GLATFELTER P H CO - Form 4

GLATFELT	ER P H CO										
Form 4											
May 06, 201	6										
FORM	14								OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check the				0 /					Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per			
	Form 4 or							response 0.5			
Form 5	<b>n</b> o -						-	e Act of 1934,			
obligation may cont				•	•	· ·		1935 or Section	1		
See Instru 1(b).		30(h) c	of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type I	Responses)										
East star Research Mississed			2. Issuer Symbol	uer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			•	ELTER F	нсог	GLT	1				
(Last)	(First) (I			Earliest Tr	-		-	(Checl	k all applicable	)	
			Day/Year)			_X_ Director10% Owner					
96 S. GEOR STREET, S			05/04/20	-				Officer (give below)	titleOthe below)	er (specify	
			4 TE A	nendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)			
			iin/Day/Year)				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
10111,171	17401							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Date 2A. Deer (Month/Day/Year) Execution any (Month/I		n Date, if Transaction(A) or Disposed of (D)			Securities	6. Ownership 7. Natur Form: Direct Indirect	Indirect			
(Instr. 3)			ay/Year)	Code (Instr. 3, 4 and 5) Year) (Instr. 8) (A) or			5)	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
a				Code V	Amount	(D)	Price	(msu. 5 anu 4)			
Common Stock, Par Value \$.01	05/04/2016			М	3,223	А	\$ 20.43	9,149	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio 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 Ar Underlying Se (Instr. 3 and 4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title I
Restricted Stock Units	\$ 0 <u>(1)</u>	05/04/2016		М		3,223	05/09/2016	05/09/2016 <u>(2)</u>	Common Stock, Par Value \$.01
Restricted Stock Units	<u>(1)</u>	05/05/2016		A	4,573		05/05/2019 <u>(3)</u>	05/05/2019	Common Stock, Par Value \$.01

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Fogarty Kevin Michael 96 S. GEORGE STREET SUITE500 YORK, PA 17401	х						
Signatures							
Linda M. Levans by POA	05/06/20	16					

\*\*Signature of Reporting Person

**Explanation of Responses:** 

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

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Not applicable to this transaction. RSUs have no value until all restrictions lapse on the final vesting date.
- (2) This grant vests one-third on 5/9/2014, one-third on 5/9/2015 and the final one-third vests, and all restrictions lapse, on 5/9/2016 or the day prior to the 2016 annual meeting.
- (3) This RSU grant vests one-third on 5/5/2017, one-third on 5/5/2018 and the final one-third vests, and all restrictions lapse, on 5/5/2019, or the day prior to the 2019 annual meeting of shareholders.

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.