Edgar Filing: Allegion plc - Form 4

Allegion plc	;											
Form 4	o											
March 14, 2												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
	UNITED	STATES					INGE C	OMMISSION	OMB	3235-0287		
Check th	nis box		vva	shington,	D.C. 20	1549			Number:	January 31,		
if no lon		IENT O	ГСНАМ	NGES IN BENEFICIAL OWNERSHIP OF					Expires: 200			
subject to				SECURITIES					Estimated average			
Section 16. Form 4 or				SECUR	SECORITES					burden hours per response 0.5		
Form 5		suant to S	Section 1	6(a) of th	e Securi	ties F	Exchange	e Act of 1934,	response	0.5		
obligatio	ons Section 17(•	1935 or Section	1			
may con <i>See</i> Instr	unue.			ivestment	•	-	•					
1(b).												
(Print or Type	Responses)											
1 Name and	Address of Reporting	Derson *	2.1	N 7 N				5 Delationship of	Deporting Dere	on(s) to		
Muhlenkan				. Issuer Name and Ticker or Trading mbol legion plc [ALLE]				5. Relationship of Reporting Person(s) to Issuer				
	-r		•									
			C C	• -	_			(Check all applicable)				
(Last)	(First) (1	Middle)		of Earliest Ti	ansaction			Director	10%	Owner		
				nth/Day/Year)				X Officer (give title Other (specify				
LLC, 11819 N. PENNSYLVANIA				belo				below) below) Sr. Vice President				
STREET								51. V	rice President			
	(Street)		4. If Am	endment, Da	te Origina	վ		6. Individual or Jo	int/Group Filin	g(Check		
			d(Month/Day/Year)				Applicable Line)					
×								_X_ Form filed by O	orm filed by One Reporting Person			
CARMEL,	IN 46032							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deen	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Executior	n Date, if	Transactio		-		Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct 1 (D) or	Beneficial Ownership		
(1410)111			Jay/Tear) (Illsu. 8)				Following	Indirect (I)	(Instr. 4)			
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 3 anu 4)				
Ordinary	03/11/2017			F	136	D	\$ 74.005	17,629.598	D			
Shares							74.225					

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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							
F	Director	10% Owner	Officer	Other				
Muhlenkamp Chris E C/O SCHLAGE LOCK CO. LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032			Sr. Vice President					
Signatures								
/s/ S. Wade Sheek, Attorney-In-Fact	03/14/20	017						
**Signature of Reporting Person	Date							
E								

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).

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.