## Edgar Filing: Scally Frances P - Form 4

Scally Frances	s P										
Form 4											
December 26,	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMMISSION	OMB	3235-0287	
Check this	box		Wasł	nington, l	D.C. 205	49			Number:		
if no longer									Expires:	January 31, 2005	
subject to	subject to STATEMENT OF CHANGE				ES IN BENEFICIAL OWNERS SECURITIES				Estimated average		
Section 16. Form 4 or				SECURI	TIES				burden hours per		
Form 5	Filed	nurcuant to	Section 16	(a) of the	Securiti	oc Fr	change	Act of 1934,	response	0.5	
obligations	Section	<b>^</b>					•	1935 or Section			
may contin	lue.		of the Inv	-							
See Instruc 1(b).	tion	50(11)		estinent (	Joinpuny	1100	01 17 10	<b>,</b>			
-(-).											
(Print or Type Re	sponses)										
								5. Relationship of Reporting Person(s) to			
Scally France	es P		Symbol					Issuer			
	ACETO	ACETO CORP [ACET]				(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of I	Earliest Tra	nsaction				11		
				Month/Day/Year)				Director		Owner	
4 TRI HARBOR COURT			12/26/2018					XOfficer (give titleOther (specify below) below)			
								SVP, CHIEF AC		OFFICER	
	4. If Amen	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
			Filed(Month	h/Day/Year)				Applicable Line)			
								_X_ Form filed by Or Form filed by Mo			
PORT WASH	HINGTON, N	NY 11050						Person	ore than one Rej	porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecuri	ties Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction	Date 2A De		3.			_	5. Amount of	6.	7. Nature of	
Security		Month/Day/Year) Execution Date			1				0. Ownership	Indirect	
(Instr. 3)		any	Code (Instr. 3, 4 and 5)				5)	Beneficially	Form:	Beneficial	
		(Month	n/Day/Year)	(Instr. 8)				Owned Following	Direct (D)	Ownership	
								Reported	or Indirect (I)	(Instr. 4)	
						(A)		Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
COMMON	10/06/0010						\$	16.017	D		
STOCK	12/26/2018			S	183 <u>(1)</u>	D	0.9124	16,917	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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name /</b>	Adress	Relationships						
		10% Owner	Officer	Other				
Scally Frances P 4 TRI HARBOR COURT PORT WASHINGTON, N	TY 11050		SVP, CHIEF ACCOUNTING OFFICER					
Signatures								
/s/ Frances Scally	12/26/2018							
<u>**</u> 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) Automatic sale under Rule 10b5-1 to cover the Reporting Person's tax obligation in connection with the vesting of an equity award(s) granted previously.

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.