## Edgar Filing: ROPER INDUSTRIES INC - Form 4

ROPER IND	USTRIES INC										
Form 4											
April 04, 201	.4										
FORM	$ 4 _{\text{UNITED S}}$	TATES SECU	DITIES A	ND EV(	<b>TT A 1</b>	NCE	COMMISSION	r	PPROVAL		
	- UNITED S		ashington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check thi			isinington,	D.C. 20.	<b>7</b>				January 31,		
if no long subject to		ENT OF CHA	NGES IN I	BENEFI	CIA	LOW	<b>NERSHIP OF</b>	Expires:	2005		
Subject to Section 10		SECURITIES							Estimated average burden hours per		
Form 4 or									0.5		
Form 5 obligatior	•	uant to Section									
may conti			•	•	- ·		f 1935 or Sectio	n			
See Instru	iction	30(h) of the I	nvestment	Compan	y Act	OI 19	40				
1(b).											
(Print or Type R	Responses)										
	ddress of Reporting P	erson <u>*</u> 2. Issu	er Name <b>and</b>	Ticker or	Tradin	g	5. Relationship of Issuer	f Reporting Per	son(s) to		
Humphrey J	Symbol					Issuer					
	ER INDUSTRIES INC [ROP]				(Check all applicable)						
(Last)	(First) (M		of Earliest Tr	ansaction							
	R INDUSTRIES,		onth/Day/Year) /13/2014				Director 10% Owner X Officer (give title Other (specify				
	PROFESSIONAL		2014				below)	below)			
	EAST,SUITE 20						EVP, Ch	ief Financial O	fficer		
	(Street)	4. If An	endment, Da	te Original			6. Individual or Jo	oint/Group Fili	1g(Check		
Filed(Mont				-			Applicable Line)				
							_X_ Form filed by				
SARASOTA	A, FL 34240						Person	More than One Ro	eportung		
(City)	(State) (2	Zip) Tal	ole I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		ttion Date, if TransactionAcquired (A) or Code Disposed of (D) th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Securities	Form: Direct			
(Instr. 3)		any (Month/Dav/Year				·	Beneficially Owned	Indirect (I) Own	Beneficial Ownership		
		× 2	, , , , , , , , , , , , , , , , , , ,	( , , , , , , , , , , , , , , , , , , ,			Following		(Instr. 4)		
					(A)		Reported Transaction(s)				
					or	D i	(Instr. 3 and 4)				
Common			Code V	Amount	(D)	Price					
Stock	03/13/2014		G	325	D	\$0	115,336	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	Date	Amour	nt of	Derivative	Deriv
Security	or Exercise	( · · · · · · · · · · · · · · · · · · ·	any	Code	of	(Month/Day		Underl		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	· ·		Securit		(Instr. 5)	Bene
, ,	Derivative			. ,	Securities	;		(Instr.	3 and 4)	. ,	Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						D.	<b>.</b>		or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
Dene	dina A										

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		10% Owner	Officer	Other				
Humphrey John C/O ROPER INDUSTRIES, INC. 6901 PROFESSIONAL PARKWAY EAST,SUITE 200 SARASOTA, FL 34240			EVP, Chief Financial Off	ficer				
Signatures								
John Humphrey, by Paul J. Soni, his attorney-in-fact, pursuant to Power of Attorney dated April 25, 2006.								

\*\*Signature of Reporting Person

## **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.

Date