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ADTRAN]	INC							
Form 4	• • • •							
January 21,								
FORM		STATES SI	FCUDITIES A	ND FY	CHANCE	COMMISSIO		PPROVAL
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287 January 31,
if no longer subject to Section 16. Form 4 or						Estimated burden hou response	2005 average urs per	
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the Pul		ding Cor	npany Act	nge Act of 1934, of 1935 or Secti 940		
(Print or Type	Responses)							
1. Name and Foliano Mi	Address of Reporting ichael	Sy	2. Issuer Name and Ticker or Trading Symbol ADTRAN INC [ADTN]			5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First) (Date of Earliest Ti	_		(Check all applicable)		
(Last) (First) (Middle) 901 EXPLORER BLVD.			(Month/Day/Year) 11/12/2015			Director 10% Owner X Officer (give title Other (specify below) below) Sr VP, Global Operations		
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
HUNTSVI	LLE, AL 35806						More than One R	
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Da any	3. Transaction Code Year) (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Re	port on a separate line	e for each class	of securities benef	ficially ow	ned directly o	or indirectly.		
				inforn	nation cont	pond to the colle ained in this form	n are not	SEC 1474 (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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A or Disposed (D) (Instr. 3, 4, and 5)					(Inst
				Code V	(A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	11/12/2015		А	35.352	(2)	(2)	Common	35.352	\$ 1
Phantom Stock	<u>(1)</u>	11/14/2015		А	2,333	(2)	(2)	Common Stock	2,333	

Reporting Owners

Reporting Owner Name / Address			Relationships	
1	Director	10% Owner	Officer	Other
Foliano Michael 901 EXPLORER BLVD. HUNTSVILLE, AL 35806			Sr VP, Global Operations	
Signatures				
Gayle S. Ellis by Power of Attorney		01/21/2016	,	
**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) Each share of phantom stock represents a right to receive one share of common stock or the cash value thereof.
- (2) The phantom stock becomes payable 6 months after the reporting person's separation of service with the Company. The reporting person may transfer his phantom stock account into an alternative investment at any time.

Upon vesting of performance shares awarded pursuant to a grant under the ADTRAN, Inc. 2015 Employee Stock Incentive Plan, the

(3) reporting person deferred the receipt of shares of the Company's common stock and received instead shares of phantom stock pursuant to the Company's deferred 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.