Edgar Filing: Christiansen Bryan - Form 4

Form 4 September 12	2, 2018											
September 17	2, 2018											
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FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	CUNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this	s box		vv as	inington,	D.C. 20.	347				January 31		
if no longer STATEMENT OF CHANG				GES IN I	GES IN BENEFICIAL OWNERSHI				Expires: 200			
subject to Section 16				SECURITIES					Estimated a	0		
Form 4 or				~~~~	SECONTIES					burden hours per response 0.5		
Form 5	Filed p	ursuant to	Section 16	(a) of the	Securiti	ies Ez	cchang	ge Act of 1934,				
obligation may conti		7(a) of the	Public Uti	ility Hold	ing Com	ipany	Act o	f 1935 or Sectio	n			
See Instru		30(h)) of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
	ς.											
(Print or Type R	esponses)											
1. Name and A	dress of Reportir	19 Person *	2 Issuer	Name and	Ticker or '	Fradin	a	5. Relationship of	Reporting Per	son(s) to		
1. Name and Address of Reporting Person *2. IssueChristiansen BryanSymbol				er Name and Ticker or Trading				Issuer				
	2		-	olar, Inc.	[VSLR]							
(Last)	(First)	(Middle)						(Chec	k all applicable	e)		
(Month/Da			of Earliest Transaction				Director 10% Owner					
			09/11/20	-				Officer (give title Other (spec				
								below)	below) Operating Offic	ver.		
	(Stars at)		4 16 4	1	0 1							
			nendment, Date Original ionth/Day/Year)				6. Individual or Joint/Group Filing(Check					
Flied(Mont							Applicable Line) _X_ Form filed by One Reporting Person					
LEHI, UT 84	4043							Form filed by M	Iore than One Re			
								Person				
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction E	Date 2A. Dee	emed	3.	4. Securi				6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if	TransactionAcquired (A) or				Beneficially (Form: Direct (D) or Indirect (I)	Indirect		
(Instr. 3)		any (Month	/Day/Year)	(Instr. 8)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)					Beneficial Ownership		
		(infoliation	<i>(Du)</i> , <i>(cu)</i>	(msu: o)	(111501-5),	i una	5)		(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
0				Code V	Amount	(D)	Price	(mou. 5 and 4)				
Common	09/11/2018			S (1)	1,236	D	\$ 5.1	190,919	D			
Stock							5.1					

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. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Unde Secur	le and unt of rlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Christiansen Bryan 1800 WEST ASHTON BLVD LEHI, UT 84043			Chief Operating Officer				
Signatures							
/s/ Dana C. Russell, attorney-in-fact		09/12/2018					
**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) The sales reported by Mr. Christiansen were effected pursuant to a Rule 10b5-1 trading 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.