### Edgar Filing: ZARRILLI STEPHEN T - Form 4

ZARRILLI S	TEPHEN T												
Form 4	_												
May 16, 201													
FORM	<b>4</b> UNITED S	TATES	SECUR	ITIES A	ND	EXC	HAN	IGE (	COMMISSION		PPROVAL		
	UNITED	TATES		hington,				UL		OMB Number:	3235-0287		
Check this box				0 /						Expires:	January 31,		
subject to	SIAIEM	ENT OF	F CHANO				CIAI	LOW	NERSHIP OF	Estimated a	2005 average		
Section 1 Form 4 or								burden hou	rs per				
Form 5		uant to S	Section 16	b(a) of the	e Seo	curitie	es Ex	chang	ge Act of 1934,	response	0.5		
obligation	$^{18}$ Section 17(a)								f 1935 or Sectio	n			
may conti <i>See</i> Instru		30(h)	of the Inv	vestment	Con	npany	Act	of 194	40				
1(b).													
(Print or Type R	Responses)												
			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
Symbol				RTUS INVESTMENT									
				PARTNERS, INC. [VRTS]					(Check all applicable)				
(Last)	(First) (M	liddle)	3. Date of	Earliest Tr	ansac	tion			_X_ Director		Owner		
			/Day/Year)					Officer (give title Other (specify below) below)					
	S INVESTMENT 5, 100 PEARL ST		05/15/20	)18					,	,			
	(Street)		4. If Amer	ndment, Da	te Ori	iginal			6. Individual or Jo	oint/Group Filin	1g(Check		
				onth/Day/Year)					Applicable Line)				
	$\sim CT 0(102)$								_X_ Form filed by ( Form filed by N	One Reporting Pe Iore than One Re			
HARTFORI	J, CI 00103								Person		1 0		
(City)	(State) (	Zip)	Table	e I - Non-D	eriva	ntive S	ecurit	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	emed 3. 4. Securities on Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			)	Securities Beneficially	5. Ownership Form: Direct D) or ndirect (I)	7. Nature of Indirect Beneficial Ownership				
							(A)		Following Reported Transaction(s)	(Instr. 4)	(Instr. 4)		
				Code V	Am	nount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	05/15/2018			A		6 <u>(1)</u>		\$ 124	3,913	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 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(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 Oth					
ZARRILLI STEPHEN T C/O VIRTUS INVESTMENT PARTNERS 100 PEARL STREET HARTFORD, CT 06103	Х							
Signatures								
/s/Mark S. Flynn, 05/ Attorney-in-Fact	/16/2018							

#### <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) Common Stock issued as a portion of the Reporting Person's compensation as a member of the Board of Directors in accordance with the Company's Amended and Restated Omnibus Incentive and Equity Plan and subject to share ownership guidelines.

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.