SAUL CENTERS INC

Form 4 October 04, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * Friedman Joel Albert

2. Issuer Name and Ticker or Trading Symbol

SAUL CENTERS INC [BFS]

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

Director 10% Owner

7501 WISCONSIN AVENUE, 15TH 09/30/2016

(Street)

(First)

FLOOR

(Last)

4. If Amendment, Date Original

Filed(Month/Day/Year)

X_ Officer (give title Other (specify below) Sr. V.P./Chief Acctng Officer

6. Individual or Joint/Group Filing(Check

(Check all applicable)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

BETHESDA, MD 20814

	(City)	(State) ((Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
Sec	itle of curity str. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	ommon ares							8,959.37	I (1)	401K
	ommon ares	09/30/2016		M	1,142	A	\$ 39.29	1,242	D	
	mmon ares	09/30/2016		S	1,142	D	\$ 67	100	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transactic Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Employee Stock Option	\$ 41.82						05/13/2011(2)	05/13/2021	Common Stock	5,000
Employee Stock Option	\$ 39.29	09/30/2016		M		1,142	05/04/2012(2)	05/04/2022	Common Stock	1,142
Employee Stock Option	\$ 44.42						05/10/2013(2)	05/10/2023	Common Stock	10,00
Employee Stock Option	\$ 47.03						05/09/2014(2)	05/09/2024	Common Stock	10,00
Employee Stock Option	\$ 51.07						05/08/2015(2)	05/08/2025	Common Stock	10,00
Employee Stock Option	\$ 57.74						05/06/2016(2)	05/06/2026	Common Stock	10,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Friedman Joel Albert								
7501 WISCONSIN AVENUE			Sr. V.P./Chief					
15TH FLOOR			Acctng Officer					
RETHESDA MD 20814								

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Signatures

Scott V. Schneider, by Power of Attorney

10/04/2016

**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).
- Effective April 1, 2009, shares formerly held by the B.F. Saul Company Employees' Profit Sharing Reinvestment Trust were distributed (1) to the individual 401(k) plan accounts of participants. The number of shares reported represents the reporting person's beneficial ownership interest in the Saul Centers stock fund of the 401(k) plan.
- (2) The options vest 25% per year over four years from the date of grant.

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.

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