

COLUMBUS MCKINNON CORP
 Form 4
 May 24, 2017

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Miraglia Charlene N

2. Issuer Name and Ticker or Trading Symbol
 COLUMBUS MCKINNON CORP
 [CMCO]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction
 (Month/Day/Year)
 05/22/2017

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 VP, Human Resources and CHRO

205 CROSSPOINT PARKWAY

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

GETZVILLE, NY 14068

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	05/22/2017		A	1,984 (1) A \$ 0	15,302.9336 (2)	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transaction Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)	Amount or Number of Shares
Non-Qualified Stock Options (Right to Buy)	\$ 24.33	05/22/2017		A	6,547 (3)	05/22/2018 05/21/2027	Common Stock	6,547

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Miraglia Charlene N 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068			VP, Human Resources and CHRO	

Signatures

Charlene N. Miraglia 05/24/2017

**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) Represents restricted stock units issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part; units become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.
 - (2) Represents shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 13,318.9336 shares become fully vested and non-forfeitable 25% per year for four years beginning 8/1/2017; and the remaining 1984 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.
 - (3) Represents non-qualified stock options issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016 subject to forfeiture in whole or part; options become exercisable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.

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.