Golden Randal Form 4 October 03, 2017

## FORM 4

#### **OMB APPROVAL**

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Ad Golden Rand		orting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			COOPER COMPANIES INC [COO]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
			(Month/Day/Year)	Director 10% Owner			
6140 STONERIDGE MALL ROAD,			10/02/2017	X Officer (give title Other (specify			
SUITE 590 (Street)				below) below)			
				VP, General Counsel			
			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			
			·				
PLEASANTON, CA 94588				Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I Non Derivative Securities Acc	vuired Disposed of ar Reposicially Owner			

(City)	(State) (2	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed (	of, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		r	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	(Wolling Buy, Tear)	any	Code	Disposed of (D)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year) (Instr. 8) (Instr. 3, 4		4 and	Following		Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	10/02/2017		M	122	A	<u>(1)</u>	1,853	D	
Common Stock	10/02/2017		F	68 (2)	D	\$0	1,785	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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# 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)	4. Transacti Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr. :
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	10/02/2017	M	122	(3)	<u>(4)</u>	Common Stock	122	<u>(1)</u>

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Golden Randal 6140 STONERIDGE MALL ROAD, SUITE 590 PLEASANTON, CA 94588

VP, General Counsel

### **Signatures**

/s/ Randal 10/03/2017 Golden

\*\*Signature of Date Reporting Person

### **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) RSU Exercise Price: There is no exercise price associated with the grant of Restricted Stock Units.
- (2) 10/1/17 RSU Release: Shares withheld to cover applicable tax obligations. A FMV (closing price of the Company's common stock on 9/29/17) of \$237.11 was used.
- (3) Grant Date 10/1/2013 RSU Vesting Date: The grant vests in equal portions on the following dates: 10/1/2014, 10/1/2015, 10/1/2016, 10/1/2017 and 10/1/2018.
- (4) RSU Expiration Date: This award has no expiration date. Units will either vest or be forfeit.

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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