Edgar Filing: SCOCIMARA ERIBERTO R - Form 4

| SCOCIMARA Form 4 April 30, 201 | A ERIBERTO R 2 | | | | | | | | | | |
|--|---|---|---|---|---|--|--|---|--------------|--|--|
| FORM | 4 INITED 6 | | | | | | | r | OMB APPROVAL | | |
| Check this | UNITEDS | Washington, D. | | | | | COMINISSION | OMB Number: | 3235-0287 | | |
| if no longe subject to Section 16 Form 4 or | er STATEM 5. | | SECUR | GES IN BENEFICIAL OWNE SECURITIES | | | | Expires: Estimated a burden hou response | irs per | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 R | esponses) | | | | | | | | | | |
| SCOCIMARA ERIBERTO R Symbol | | | ssuer Name and Ticker or Trading bol erican Reprographics CO [ARC] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (M | | | | | | (Check all applicable) | | | | |
| | | | e of Earliest Transaction h/Day/Year) 5/2012 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| WALNUT C | CREEK, CA 9459 | 6 | | | | | | More than One Re | | | |
| (City) | (State) (2 | Zip) Tal | ole I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | Code | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 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 Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | 04/26/2012 | | Code V A | Amount 8,897 (1) | (D) A | Price \$ 0 | ``´ | 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Unde 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 | | | | | |
|--|-----------------------|---------------|-----------|---------|-------|--|--|
| | | | 10% Owner | Officer | Other | | |
| SCOCIMARA ERIBERTO R C/O AMERICAN REPROGR 1981 N. BROADWAY, STE 3 WALNUT CREEK, CA 9459 | APHICS COMPANY 385 | Х | | | | | |
| Signatures | | | | | | | |
| /s/ Eriberto R. Scocimara | 04/30/2012 | | | | | | |

**Signature of Reporting Person

S

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).
- Grant of restricted stock with a reacquisition right in favor of American Reprographics Company that lapses 12 months from date of grant (1) (April 26, 2012).

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.