OHALLERAN MICHAEL D

Form 4 May 22, 2018

FORM 4

Check this box

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

SECURITIES

OMB APPROVAL OMB

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response...

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Form 4 or Form 5

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 See Instruction

1(b).

(Print or Type Responses)

obligations

may continue.

1. Name and Address of Reporting Person * OHALLERAN MICHAEL D			2. Issuer Symbol	Name and	Ticker or	Tradin	5. Relationship of Reporting Person(s) to Issuer					
			NUVASIVE INC [NUVA]					(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction							
(Mont			(Month/Da	ay/Year)				_X_ Director		% Owner		
7475 LUSK BLVD.			05/18/2018					Officer (gives)	ve title Oth below)	er (specify		
(Street) 4. If A				ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
Filed(Mo				(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO, CA 92121							Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security (Month/Day/Year) Execution Date, if			on Date, if	Transactio	onAcquired	l (A) c	or	Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code Disposed of (D)		*	Beneficially	Beneficial				
		(Month	/Day/Year)	(Instr. 8)	3) (Instr. 3, 4 and 5)		Owned Following	` '	Ownership (Instr. 4)			
						(A) or		Reported Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	05/18/2018			M	2,130	A	\$0	12,425 (1)	I	By Trust		

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.

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	2.	3. Transaction Date	3A. Deemed	4.	5. Nı	ımber	6. Date Exerc	cisable and	7. Title and A	Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	ansaction Derivative Expira		Expiration D	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Secu	Securities (Month/Day/Year)		(Instr. 3 and 4)		Securit	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acqı	Acquired				(Instr.	
	Derivative				(A) (or					
	Security				Disp	osed of					
	-				(D)						
					(Inst	r. 3, 4,					
					and 5	5)					
				C = V	(4)	(D)	D.	E	TT: 41	A	
				Code V	(A)	(D)	Date	Expiration	litte	Amount	
							Exercisable	Date		or	
										Number	
										of	
										Shares	
									Common		
RSUs (2)	\$ 0	05/18/2018		M		2,130	(3)	(3)		2,130	\$ (
									Stock		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
OHALLERAN MICHAEL D								
7475 LUSK BLVD.	X							
SAN DIEGO, CA 92121								

Signatures

/s/ Nathaniel B. Sisitsky, Attorney-in-fact for Michael D. O'Halleran

05/22/2018

**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) Shares directly held by the Reporting Person. The Reporting Person also holds conditional rights to receive shares pursuant to previously disclosed Company equity awards.
- (2) Each Restricted Stock Unit ("RSU") represents the right to receive one share of the Issuer's common stock upon vesting.
- (3) This RSU award was granted to the Reporting Person on May 18, 2017 and is fully vested.

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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