Edgar Filing: JUSTYN TIMOTHY - Form 4

JUSTYN TIN	MOTHY											
Form 4												
May 21, 2018												
FORM	4 UNITE	ъ стате	S SECUR	ITIFS /		D FYC	'HAP	NCF	COMMISSION	r	PPROVAL	
	UNITE	DSIAIL		hington				UGE		OMB Number:	3235-0287	
Check this box				,						Expires:	January 31,	
if no long subject to		EMENT (OF CHAN	GES IN BENEFICIAL OW				LOW	NERSHIP OF	Estimated a	2005	
Section 16.				SECUI	SECURITIES					burden hou		
Form 4 or Form 5			G .: 1/		~	· · ·	Б	1		response	0.5	
obligation		•						-	ge Act of 1934, f 1935 or Sectio	n		
may conti	nue. Section) of the Inv	•		•	• •			011		
See Instru 1(b).	ction	50(1) of the m	vestment	i Ci	Jinpany	1101	0117	10			
(Print or Type R	esponses)											
1 Name and A	ddress of Report	ing Person *	2 1	Nama an	л т:	-17		_	5. Relationship of	f Reporting Per	son(s) to	
JUSTYN TIMOTHY Symbol				uer Name and Ticker or Trading				g	Issuer			
				TEVAC INC [IVAC]								
(Last)	(First)	(Middle)	3. Date of		-	-			(Chec	ck all applicable	e)	
				(Month/Day/Year)					Director 10% Owner			
3560 BASSI	ETT STREET	•	05/17/20)18					XOfficer (give below)	e title Oth below)	er (specify	
									· · · · · · · · · · · · · · · · · · ·	General Mana	ger,	
(Street)			4. If Amer	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(M				ed(Month/Day/Year)					Applicable Line)			
)54							_X_ Form filed by Form filed by N	One Reporting Pe More than One Re		
SANTACL	ARA, CA 950)34							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-l	Deri	ivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	eemed	3.	4	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	tion Date, if						Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Montl	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Owned	Indirect (I)			
			-						Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				Code V	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	0.5.11.5.10.0.1.0					1,000			04.044	D		
Stock	05/17/2018			А		1)	Α	\$0	96,266	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)

Reporting Owners

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of Sh
Non-Qualified Stock Option (right to buy)	\$ 4.7	05/17/2018		А	2,000	05/17/2019(2)	05/17/2025	Common Stock	2

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
JUSTYN TIMOTHY 3560 BASSETT STREET SANTA CLARA, CA 95054			EVP & General Manager,				
Signatures							
By: Kevin Soulsby For: Timoth Justyn	ny	05/21/2	2018				

Date

Explanation of Responses:

**Signature of Reporting Person

- * 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) Each share of IVAC common stock is represented by a restricted stock unit ("RSU"). The RSUs vest in four equal installments upon the Reporting Person's completion of each year of service over the four-year period measured from the vesting commencement date.
- (2) The option will vest and become exercisable in four equal installments upon the Reporting Person's completion of each year of service over the four-year period measured from the grant date.

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.