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COLE STE Form 4 April 02, 20													
FORM	ЛЛ						~~~ ^ ~				APPRO	VAL	
	UNITED	STATES		RITIES A shington				NGE	COMMISSIO	N OMB Number:	323	35-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of Changes in Beneficial OWNERSHIP (SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sec 30(h) of the Investment Company Act of 1940								nge Act of 1934, of 1935 or Secti	Estimate burden h response	Estimated average burden hours per response 0.5			
(Print or Type	Responses)												
1. Name and Address of Reporting Person <u>*</u> COLE STEPHEN			2. Issuer Name and Ticker or Trading Symbol FARO TECHNOLOGIES INC [FARO]					g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O FARO TECHNOLOGIES, INC., 250 TECHNOLOGY PARK			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019				X_ Director 10% Owner Officer (give title Other (specify below) below)						
LAKE MA		4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 							
(City)	(State)	(Zip)	Tab	la I Non	Doniv	otivo	Saarri	tion A	Person	of on Donofic	ially Own	nod	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme	ed Date, if	Code Disposed of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Natu Indirec	ure of et cial rship			
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	P in re di	erso form equir	ns wh ation ed to i ys a c	o res cont respo	or indirectly. pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 147 (9-02		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	Code Derivati Instr. 8) Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)		ities red sed 3, 4,			(Instr. 3 and 4)		Security (Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	<u>(2)</u>	04/01/2019		А		436		(2)	(2)	Common Stock	436	\$ 0

Reporting Owners

Reporting Owner Name / Address		Relationsh						
I g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other				
COLE STEPHEN C/O FARO TECHNOLOGIES, INC. 250 TECHNOLOGY PARK LAKE MARY, FL 32746	Х							
Signatures								
/s/ Jody S. Gale, Attorney-in-Fact (por filed)	04/02/2019							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

**Signature of Reporting Person

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Deferred stock units ("DSUs") granted pursuant to the FARO Technologies, Inc. (the "Company") 2014 Incentive Plan (the "Incentive (1) Plan") and the FARO Technologies, Inc. 2018 Non-Employee Director Deferred Compensation Plan (the "Deferred Compensation Plan").

Each DSU represents the right to receive one share of the Company's common stock no later than 60 business days following the date the reporting person incurs a separation of service from the Company, or in limited circumstances upon a change in control of the Company

Date

(a) cash equal to the fair market value of one share of the Company's common stock on the date of the change in control, pursuant to the terms of the Deferred Compensation Plan.

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.