

COLUMBUS MCKINNON CORP
 Form 4
 May 24, 2017

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
 Morelli Mark D

2. Issuer Name and Ticker or Trading Symbol
 COLUMBUS MCKINNON CORP
 [CMCO]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 205 CROSSPOINT PARKWAY
 (Street)

3. Date of Earliest Transaction
 (Month/Day/Year)
 05/22/2017

Director 10% Owner
 Officer (give title below) Other (specify below)
 President and CEO

GETZVILLE, NY 14068

(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock	05/22/2017		A	(A) or (D) A	Amount (D) Price 15,576 (1) \$ 0	D	
					37,917.0193 (2)		

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

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SEC 1474 (9-02)

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 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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
Non-Qualified Stock Options (Right to Buy)	\$ 24.33	05/22/2017		A	51,403 (3)	05/22/2018 05/21/2027	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Morelli Mark D 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068	X		President and CEO	

Signatures

Mary C. O'Connor as Power of Attorney for Mark D. Morelli

 **Signature of Reporting Person

05/24/2017

 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) Represents restricted stock units issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part; units become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.
- (2) Represents shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 22,341.0193 shares become fully vested and non-forfeitable 25% per year for four years beginning 2/28/2018; and the remaining 15,576 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.
- (3) Represents non-qualified stock options issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016 subject to forfeiture in whole or part; options become exercisable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.

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.