## Edgar Filing: Colleran David - Form 4

Form 4											
February 19, FORM	1	) STATES		ITIES A hington,			NGE C	COMMISSION		PROVAL 3235-0287	
Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP ( SECURITIES						Expires: January 31 2005 Estimated average burden hours per response 0.5		
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17	7(a) of the l	Public Ut		ling Con	ipany	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Colleran David			2. Issuer Name <b>and</b> Ticker or Trading Symbol INSULET CORP [PODD]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O INSULI CORPORAT PARK	(First) ET TION, 100 NAC	(Middle) GOG	3. Date of (Month/D 02/14/20	-	ansaction			Director X Officer (give below)		Owner er (specify	
			nendment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
ACTON, MA								Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D			-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	02/14/2019			F	264 <u>(1)</u>	D	\$ 84.83	34,181 (2)	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)

## Edgar Filing: Colleran David - Form 4

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. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships							
	Director	10% Owner	Officer	Other					
Colleran David C/O INSULET CORPORAT 100 NAGOG PARK ACTON, MA 01720	ION		SVP, Secretary and GC						
Signatures									
/s/ David Colleran	02/19/2019								

<u>\*\*</u>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) This transaction represents the withholding of shares received upon the vesting of restricted stock units to cover the associated tax obligations.

Includes 2,279 restricted stock units granted on February 24, 2016, which vest on February 24, 2019; 5,982 performance share units granted on February 24, 2016, which vest on February 24, 2019; 2,885 restricted stock units granted on February 22, 2017, which vest one-half of the total units on February 22, 2019 and one-half of the total units on February 22, 2020; and 1,790 restricted stock units

(2) one-half of the total units on February 12, 2019 and one-half of the total units on February 12, 2020, and 1, 90 restricted stock units of restricted stock units of February 14, 2020, and 1, 90 restricted stock units on February 14, 2020, and 1, 90 restricted stock units of February 14, 2021, subject to continued employment. Vested shares will be delivered to the reporting person as soon as practicable following a vesting 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.