Edgar Filing: HIRSCHHORN MARK - Form 4

HIRSCHHOF	RN MARK											
Form 4												
July 12, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									r	OMB APPROVAL		
		URITIES AND EXCHANGE COMMISSIC ashington, D.C. 20549					OMB Number:	3235-0287				
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation	er STATI 5. Filed p ^s Section 1	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							Expires: January 31, 2005 Estimated average burden hours per response 0.5			
may conti <i>See</i> Instrue 1(b).	nue.			vestment	U	· ·						
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> HIRSCHHORN MARK			2. Issuer Name and Ticker or Trading Symbol Teladoc, Inc. [TDOC]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chec	ck all applicable	;)		
C/O TELADOC, INC.,, 2 MANHATTANVILLE ROAD, SUITE 203			(Month/Day/Year) 07/10/2018					Director 10% Owner Officer (give title Other (specify below) below) Executive VP, COO and CFO				
	(Street) 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 							
PURCHASE	2, NY 10577								More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	med on Date, if	3.	4. Securit on(A) or Dis (D)	ies Ac sposed	quired l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	07/10/2018			S	20,000 (1)	D	\$ 63 (2)	2,791	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)

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									

Edgar Filing: HIRSCHHORN MARK - Form 4

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HIRSCHHORN MARK C/O TELADOC, INC., 2 MANHATTANVILLE ROAD, SUITE 203 PURCHASE, NY 10577			Executive VP, COO and CFO				
Signatures							
/s/ Adam C. Vandervoort, attorney-in-fact	07/12/20	018					
<u>**</u> Signature of Reporting Person	Date						
Evalenation of Deenenage							

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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan that was adopted by the reporting person on June 8, 2018.
- Represents the weighted average price of transactions ranging from \$61.50 to \$65.50. The reporting person undertakes to provide, upon
- (2) request by the SEC staff, the issuer or any security holder of the issuer, full information regarding the number of shares sold at each separate price.

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.