Edgar Filing: HERBERGER ROY A JR - Form 4

| HERBERGH | ER ROY A JR | | | | | | | | |
|---|--|---|--|-----------------------------------|--------------|--|--|---|--|
| Form 4 | 0.1.0 | | | | | | | | |
| March 16, 2 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Workington D.C. 20549 | | | | | | | | PPROVAL 3235-0287 | |
| Check th if no lon subject to Section 5 Form 5 | ger o STATEM 16. or Filed pur | IENT OF CHAN | Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSI SECURITIES Section 16(a) of the Securities Exchange Act of | | | | Expires: January 3 Expires: 200 Estimated average burden hours per response 0. | | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17(3 | a) of the Public U 30(h) of the Ir | • | - | • | | 'n | | |
| (Print or Type | Responses) | | | | | | | | |
| HERBERGER ROY A JR Sym PIN | | | r Name and Ti CLE WEST | | C . | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (N | | CORP [PNW] 3. Date of Earliest Transaction | | | X Director | Director 10% Owner | | |
| | H FIFTH STREE | (Month/I | Day/Year) | saction | | Officer (give below) | | ner (specify | |
| | | | endment, Date Original nth/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 | | | |
| PHOENIX, | AZ 85004 | | | | | Person | More than One R | leporting | |
| (City) | (State) | (Zip) Tab | le I - Non-Der | ivative Se | curities Acc | quired, Disposed o | f, or Beneficia | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction(A | A) or Dispo nstr. 3, 4 a (4 | | 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 Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/14/2018 | | S 2, | ,126 D | \$ 76.25 | 24,137 | D | | |
| Common Stock | | | | | | 5,637 | I | by Charitable Unitrust | |
| D 1 1 D | | C 1 1 C | | | 1 1 1 | • • • • | | | |

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.

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 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Unde Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|---------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| I B | Director | 10% Owner | Officer | Other | | | |
| HERBERGER ROY A JR 400 NORTH FIFTH STREET MS 8602 PHOENIX, AZ 85004 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Diane Wood, Attorney-in-Fact | 03/ | /16/2018 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Explanation of Re | spon | ses: | | | | | |

* 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).

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.