## Edgar Filing: DEEGAN GLENN E. - Form 4

| Form 4   | LENN E.  |                     |  |   |  |                                   |   |  |  |              |  |  |
|--|--|---------------------|--|---|--|-----------------------------------|---|--|--|--------------|--|--|
| February 20,   | , 2019   |                     |  |   |  |                                   |   |  |  |              |  |  |
| FORM 4 LINITED STATES SECURIT  |  |                     |  |   | TIES AND EXCHANGE COMMISSION           |                                   |   |  |  | OMB APPROVAL |  |  |
|  |  | DSIAILS             |  | hington,  |  |                                   | NGE C   |  | OMB<br>Number:   | 3235-0287    |  |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont | F CHANGES IN BENEFICIAL OW<br>SECURITIES<br>Section 16(a) of the Securities Exchang<br>Public Utility Holding Company Act of |                     |  |   |  | e Act of 1934,<br>1935 or Section | Expires:<br>Estimated a<br>burden hou<br>response | •  |  |              |  |  |
| See Instruction 1(b).  |  | 30(h)               | of the In  | vestment  | Compan                                 | y Ac                              | t of 194  | 0  |  |              |  |  |
| (Print or Type I   | Responses)   |                     |  |   |  |                                   |   |  |  |              |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>DEEGAN GLENN E.                              |  |                     | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>Altra Industrial Motion Corp.<br>[AIMC] |   |  |                                   |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |              |  |  |
| (M   |  |                     | (Month/D   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>02/15/2019 |  |                                   |   | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>VP and General Counsel  |  |              |  |  |
| Filed(Mon  |  |                     |  | ndment, Date Original<br>hth/Day/Year)                            |  |                                   |   | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |              |  |  |
| BRAINTRE   | EE, MA 02184   |                     |  |   |  |                                   |   | Person   |  | F 0          |  |  |
| (City)   | (State)  | (Zip)               | Tabl   | e I - Non-D   | erivative                              | Secur                             | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned     |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction E<br>(Month/Day/Ye  | ar) Executio<br>any |  | 3.<br>Transactic<br>Code<br>(Instr. 8)                            | 4. Securi<br>on(A) or Di<br>(Instr. 3, | ispose                            | d of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |              |  |  |
| Common<br>Stock, par<br>value<br>\$0.001   | 02/15/2019   |                     |  | Code V  | Amount<br>3,140<br>(1)                 | (D)<br>D                          | Price<br>\$<br>32.03                              | 51,439   | 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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | Date               | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares             |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>   | Relationships |           |                        |       |  |  |  |
|---|---------------|-----------|------------------------|-------|--|--|--|
| 1 9   | Director      | 10% Owner | Officer                | Other |  |  |  |
| DEEGAN GLENN E.<br>C/O ALTRA INDUSTRIAL MOTION CORP.<br>300 GRANITE STREET SUITE 201<br>BRAINTREE, MA 02184 |               |           | VP and General Counsel |       |  |  |  |
| Signatures  |               |           |                        |       |  |  |  |
| Todd Patriacca  |               |           |                        |       |  |  |  |

02/20/2019 Attorney-In-Fact Date

\*\*Signature of Reporting Person

## **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) Shares forfeited in lieu of taxes upon vesting of restricted stock

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.