Edgar Filing: Lowe Carol P - Form 4

| Form 4 | 2010 | | | | | | | | | | |
|--|-----------------------------------|---|--|--|--|-----------|---|--|---|---------------------|--|
| November 29, FORM | 4 UNITE | | | | | | | | | PROVAL 3235-0287 | |
| Check this l if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b). | Filed p ue. 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 30(h) of the Investment Company Act of 1940 | | | | | | | January 31 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type Res | sponses) | | | | | | | | | | |
| Lowe Carol P S | | | 2. Issuer Name and Ticker or Trading Symbol FLIR SYSTEMS INC [FLIR] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | | | | | (Check all applicable) | | | |
| (Month/ | | | | Date of Earliest Transaction onth/Day/Year) /29/2018 | | | | Director10% Owner X Officer (give title Other (specify below) below) Exec VP, Finance and CFO | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| WILSONVIL | LE, OR 9707 | 0 | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| | 2. Transaction D Month/Day/Yea | r) Execution any | | 3. Transactio Code (Instr. 8) Code V | 4. Securin n(A) or Di (Instr. 3, Amount | (A) or | 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) | | |
| Common Stock | 1/29/2018 | | | F | 8,161 | D | \$ 44.57 | 62,768 | 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)

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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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | | | | | |
|---|--------------------|--|--------------------------|-------|--|--|--|--|
| | Director 10% Owner | | Officer | Other | | | | |
| Lowe Carol P 27700 SW PARKWAY AVE WILSONVILLE, OR 97070 | | | Exec VP, Finance and CFO | | | | | |
| Signatures | | | | | | | | |
| Brian E. Harding, Attorney-in-fact for Carol P. Lowe | | | 11/29/2018 | | | | | |
| <u>**</u> Signature of Reporting I | Person | | Date | | | | | |
| Explanation of Responses: | | | | | | | | |

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).

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.