

WEX Inc.
Form 3
May 26, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Pratt James Edward		(Month/Day/Year)	WEX Inc. [WEX]	
(Last)	(First)	(Middle)	05/15/2015	
C/O WEX INC., 97 DARLING AVENUE			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
SOUTH PORTLAND, ME 04106			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, GM Virtual Payments	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	5,246	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	Â (1)	Common Stock	878	\$ 103.75	D	Â
Restricted Stock Units	Â (2)	Â (2)	Common Stock	395	\$ 0	D	Â
Restricted Stock Units	Â (3)	Â (3)	Common Stock	233	\$ 0	D	Â
Restricted Stock Units	Â (4)	Â (4)	Common Stock	366	\$ 0	D	Â
Restricted Stock Units	Â (5)	Â (5)	Common Stock	289	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pratt James Edward C/O WEX INC. 97 DARLING AVENUE SOUTH PORTLAND, ME 04106	Â	Â	Â SVP, GM Virtual Payments	Â

Signatures

/s/ Gregory A. Wiessner as attorney-in-fact for James Edward Pratt

05/26/2015

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 stock option will vest with respect to one third of these shares on each of 3/15/2016, 3/15/2017 and 3/15/2018.
- (2) RSUs vest with respect to 197 of these units on 3/15/2016 and 198 of these units on 3/15/2017.
- (3) RSUs vest with respect to 116 of these units on 3/15/2016 and 117 of these units on 3/15/2017.
- (4) RSUs vest with respect to these units on 3/15/2016.
- (5) RSUs vest with respect to one third of these units on 3/15/2016, 3/15/2017 and 3/15/2018.

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Remarks:

EXHIBIT LIST: EX-24 Power of Attorney

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.