Hendricks Kimberly A. Form 4 October 29, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005 Estimated average

0.5

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SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Hendricks Kimberly A.

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(First) (Middle)

(Zip)

HEXCEL CORP /DE/ [HXL] 3. Date of Earliest Transaction

(Month/Day/Year)

10/26/2018

Director 10% Owner Other (specify X_ Officer (give title

(Check all applicable)

C/O HEXCEL

CORPORATION, 281 TRESSER BLVD., 16TH FLOOR

below) SVP, Corp. Controller & CAO

(Street)

(State)

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 Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

STAMFORD, CT 06901

(City)

| | | 1401 | to I will believe securities required, bisposed of, or beneficiary owned | | | | | | | |
|------------------------|--------------------------------------|-------------------------------|--|---|------------------|--------------|--|----------------------------|-------------------------|--|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect | |
| (Instr. 3) | | any (Month/Day/Year) | Code (Instr. 8) | | | | Beneficially Owned | Form: Direct (D) or | Beneficial Ownership | |
| | | (Month/Day/Tear) | Code V | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common Stock | 10/26/2018 | | M | 7,000 | A | \$ 10.9 | 30,515 | D | | |
| Common Stock | 10/26/2018 | | F | 3,658 | D | \$ 57.385 | 26,857 | D | | |

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

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|--|---|--|--------------------|---|---------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amoun or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 10.9 | 10/26/2018 | | M | 7,000 | 02/01/2011(1) | 02/01/2020 | Common Stock | 7,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hendricks Kimberly A. C/O HEXCEL CORPORATION 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901

SVP, Corp. Controller & CAO

Signatures

/s/Kimberly A. Hendricks by Heather M. DeGregorio, Attorney-in-fact

10/29/2018

**Signature of Reporting Person

Date

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 options vested in equal increments on the first three anniversaries of the grant date. The date shown in Table II is the first anniversary of the grant date.

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.

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