Edgar Filing: REUVERS DANIEL L. - Form 4

REUVERS I	DANIEL L.										
Form 4											
March 27, 20)18										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi	s box		vv as	sinington,	D.C. 20	349				January 31,	
if no long		MENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1)			SECURITIES					Estimated average		
Form 4 or									burden hours per response 0.5		
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0	
obligation	¹⁸ Section $1'$						-	1935 or Section	n		
may cont <i>See</i> Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type F	Responses)										
1 Name and A	ddress of Reportin	ng Derson *	. .		T . 1			5 Delationship of	Penarting Der	on(s) to	
REUVERS	-		2. Issuer Symbol	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	RA LIFESCIENCES										
				DINGS CORP [IART]				(Check all applicable)			
(Lest)	(First)	(Middle)			-	* J		Director	100	Owner	
			f Earliest Transaction Day/Year) 018				Officer (give title Other (specify below) below) CVP,PRES - CODMAN SPC SURGICAL				
311 C ENTERPRISE DRIVE 03/23/20											
								,			
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mor	th/Day/Year)			Applicable Line) _X_ Form filed by C)ne Reporting Pe	reon	
PLAINSBO	RO, NJ 08536							Form filed by M			
I L/ III (SDO	KO, NJ 00550							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)				Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5)					Beneficially		Beneficial	
		(WOIIII/I	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(1)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	03/23/2018			F	268	D	\$	27,277	D		
Stock	05/25/2010			1	200	D	54.15	21,211			
Common	02/02/2010			Б	0(0	D	\$	27.000	D		
Stock	03/23/2018			F	268	D	54.15	27,009	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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Tit Amou Under Secur (Instr	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							
	Director	10% Owner	Officer	Other				
REUVERS DANIEL L. 311 C ENTERPRISE DRIVE PLAINSBORO, NJ 08536			CVP,PRES - CODMAN SPC SURGICAL					
Signatures								
/s/ Richard d. Gorelick; Attorney-in-Fact		03/27/2	018					
**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).

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.