HOLZGREFE FREDERICK J III

Form 4

September 11, 2018

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

OMB

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires:

2005

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OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

Estimated average burden hours per response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HOLZGREFE FREDERICK J III			2. Issuer Name and Ticker or Trading Symbol SAIA INC [SAIA]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)		
11465 JOHN PARKWAY,			(Month/Day/Year) 09/10/2018	Director 10% Owner Officer (give title Other (specify below) Executive VP, CFO & Secretary		
	(Street)		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		
JOHNS CREEK, GA 30097				Form filed by More than One Reporting Person		

(City)	(State)	Zip) Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(IIIsti. +)	(IIIsti. +)
Common Stock	09/10/2018		F(1)	900	D	\$ 83.6	33,665	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phanton Stock	1 <u>(2)</u>					<u>(3)</u>	<u>(4)</u>	Common Stock	2,562.354
Stock Options (Right to Buy)	* / 1 1 1					02/06/2021	02/06/2025	Common Stock	8,120
Stock Options (Right to Buy)	X 4D 17					02/07/2020	02/07/2024	Common Stock	6,190
Stock Options (Right to Buy)	N / / 41					02/08/2019	02/08/2023	Common Stock	23,260

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

HOLZGREFE FREDERICK J III 11465 JOHNS CREEK PARKWAY SUITE 400 JOHNS CREEK, GA 30097

Executive VP, CFO & Secretary

Signatures

/s/ Stephanie R. 09/11/2018 Maschmeier

**Signature of Reporting 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) Shares withheld at officer's election to cover tax liabilities incurred in connection with the vesting of restricted shares awarded in September 2014.

Reporting Owners 2

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- (2) The conversion rate of this derivative security on September 10, 2018 is 1.1746 resulting in 3,009.694 shares of common stock (underlying security in column 7).
- (3) Immediate
- (4) The shares of phantom stock become payable in the Company's common stock upon reporting person's termination of service as an employee, in accordance with the terms of the Plan.

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.