Edgar Filing: Conine Steven - Form 4

Conine Stev Form 4 May 31, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
UNITED STATES SECUR				RITIES AND EXCHANGE COMMIS shington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.				IGES IN BENEFICIAL OWNERSHI SECURITIES					Expires:	January 31,	
								NERSHIP OF	Estimated a burden hour	~	
Form 4 c									response	0.5	
Form 5 obligations may continue. See Instruction 1(b). 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. IssuerConine StevenSymbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			-	ur Inc. [W]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tra	ansaction			(Check	k all applicable)	
			Day/Year)			XDirectorX10% Owner					
C/O WAYFAIR INC., 4 COPLEY 05/30/2 PLACE, 7TH FL			4710			XOfficer (give titleOther (specify below) below) Co-Founder					
	(Street)		4. If Ame	endment, Date Original			6. Individual or Joint/Group Filing(Check				
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
BOSTON, I	MA 02116							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of		-	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities AcquiredTransactior(A) or Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)			d of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Class A							\$				
Common Stock	05/30/2018			S <u>(1)</u>	2,000	D	92.06 (2)	54,661	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. ofNumber 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		
Conine Steven C/O WAYFAIR INC., 4 COPLEY PLACE, 7TH FL BOSTON, MA 02116	Х	Х	Co-Founder			
Signatures						
/s/ Enrique Colbert, Attorney-in-Fact for Steven Conine	05	/31/2018				
**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 sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$92.01 to \$92.12, inclusive. The reporting person undertakes to provide to Wayfair Inc., any security holder of Wayfair Inc., or the staff of the

(2) to \$22.12, inclusive. The reporting person undertaces to provide to waytain me., any security notice of waytain me., of the start o

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.