Edgar Filing: Savarese James - Form 4

Savarese Jan	nes										
Form 4	2 2019										
September 1											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						COMMISSION		OMB APPROVAL			
	011222			shington,				0111111001011	Number:	3235-0287	
Check th				8 /					Expires:	January 31,	
if no long subject to		TEMENT C	OF CHAN	GES IN 1	BENEF	ICIA	LOW	NERSHIP OF	Estimated average		
Section 1				SECURITIES					burden hours per		
Form 4 c									response 0.5		
Form 5 obligatio		^					•	e Act of 1934,			
may cont				•	•	· ·		1935 or Section	n		
See Instr	uction	30(n) of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>2</u> . Issu			2. Issue	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Savarese James Symb								Issuer			
			Wayfai	Inc. [W]				(Chec	k all applicable		
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(chici	ii uii uppiiouoio	,	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		~~~~~		nth/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
	FAIR INC., 4 (COPLEY	09/12/2	018				X Officer (give below)	below)	er (specify	
PLACE, 7T	HFL							Chief C	Operating Offic	er	
	(Street)		4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed			Filed(Mor	iled(Month/Day/Year)				Applicable Line)			
BOSTON, I	MA 02116							_X_ Form filed by C Form filed by M Person			
(City)	(State)	(7 in)									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction		emed 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Day/Year) (Instr. 8)					5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Y	ear) Executi any						Securities Beneficially	Form: Direct Indire (D) or Bene	Beneficial	
(1115111-0)		•					0)	Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Class A				Coue V	Amount	(D)	1 nee				
Common	09/12/2018			S (1)	430	D	\$	555,639	D		
Stock							149.9				

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)

Edgar Filing: Savarese James - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own 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		
Savarese James C/O WAYFAIR INC., 4 COPLEY PLACE, 7TH FL BOSTON, MA 02116			Chief Operating Officer			
Signatures						
/s/ Enrique Colbert, Attorney-in-Fact for James Savarese	0	9/13/2018				
**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.

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.