Edgar Filing: Ferdenzi Paul J - Form 4

Ferdenzi Pau	ıl J										
Form 4	017										
October 27, 2	_									PPROVAL	
FORN	4 UNITED	STATES	SECUE	RITIES A	ND EX	CHA	NGE C	OMMISSION	OMB	FROVAL	
		~ ~		shington,					Number:	3235-0287	
Check the				U .					Expires:	January 31,	
if no long subject to		MENT O	F CHAN	GES IN	GES IN BENEFICIAL OWNERSHIP O				Estimated average		
Section 1				SECURITIES					burden hou		
Form 4 o			~ • •		~ ·				response 0.5		
Form 5 obligation	.						-	e Act of 1934,			
may cont	inue. Section 17			•	•	· ·		1935 or Section	1		
See Instru	iction	50(II)	of the m	vestment	Compan	ly AC	t 01 194	0			
1(b).											
(Print or Type I	Responses)										
1. Name and A	ddress of Reporting	Person *	2 Issue	Name and Ticker or Trading 5. Relationship				5. Relationship of	of Reporting Person(s) to		
Ferdenzi Paul J Symbol				Traine and Tieker of Training				Issuer			
			•	ISS WRIGHT CORP [CW]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Check	c all applicable	;)	
				/Day/Year)			Director 10% Owner				
			10/26/2	5/2017				XOfficer (give titleOther (specify below) below)			
								· · · · · · · · · · · · · · · · · · ·	ce President		
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Ionth/Day/Year)				Applicable Line)				
								X Form filed by C Form filed by M			
PARSIPPA	NY, NJ 07854							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		on Date, if Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect	
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Beneficial Ownership	
			Jay/ I cal)	(111501.0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(insure and i)			
Common Stock	10/26/2017			$\mathbf{M}^{(1)}$	2,651	А	\$ 29.88	19,835	D		
							29.00				
Common Stock	10/26/2017			S <u>(1)</u>	2,651	D	\$ 115	17,184	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.

Edgar Filing: Ferdenzi Paul J - Form 4

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 onf 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	Amount or Number of Shares
Common Stock	\$ 29.88	10/26/2017		M <u>(1)</u>	2,651	11/15/2011	11/15/2020	Common Stock	2,651

Reporting Owners

Reporting Owner Name / Address		Relationships					
r o			10% Owner	Officer	Other		
Ferdenzi Paul J 10 WATERVIEW BOUL PARSIPPANY, NJ 07854				Vice President			
Signatures							
Paul J. Ferdenzi	10/27/2	017					
**Signature of	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) Sale was made in accordance with a 10b5-1 plan maintained by Reporting Owner's financial advisor.

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.

Reporting Person