**MYERS ROBERT J** 

Form 4 July 21, 2017

## FORM 4

#### **OMB APPROVAL**

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

OMB 3235-0287 Number:

2005

Check this box if no longer subject to Section 16.

January 31, Expires:

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

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and A MYERS RC	2. Issuer Name <b>and</b> Ticker or Trading Symbol CASEYS GENERAL STORES INC [CASY]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			X Director 10% Owner Officer (give title Other (specify							
4770 WINDSOR CIRCLE			(Month/Day/Year) 07/20/2017						below) below)				
	(Street)		4. If Amendment, D Filed(Month/Day/Yea						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PLEASANT	HILL, IA 503	27							Form filed by Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Noi	ı-De	erivative S	ecuri	ties Ac	cquired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executi	emed on Date, if /Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)					
Common				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Stock	07/20/2017			G	V	100	D	\$0	80,093	D			
Common Stock									8,669 <u>(1)</u>	I	Voting and tender rights under 401k plan		
Reminder: Ren	ort on a separate li	ne for each o	class of secu	rities be	nefic	rially own	ed dire	ectly or	indirectly				

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

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(9-02)

### Edgar Filing: MYERS ROBERT J - Form 4

#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. orNumber	6. Date Exer Expiration D		7. Title and A Underlying S		8. Price of Derivativ
Security	or Exercise	(Mondifibay/Tear)	any	Code	of	(Month/Day		(Instr. 3 and		Security
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)	Derivative Securities					(Instr. 5)
	Security				Acquired					
					(A) or Disposed					
					of (D)					
					(Instr. 3, 4, and 5)					
					., and e)				Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number of	
				Code V	(A) (D)				Shares	
Restricted								Common		
stock units	<u>(3)</u>					(2)	(2)	Stock	3,250	
(2)										

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer Other				
MYERS ROBERT J							

4770 WINDSOR CIRCLE PLEASANT HILL, IA 50327

### **Signatures**

Scott Faber, under Power of Attorney dated March 3, 2017

X

\*\*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) Allocated to Mr. Myers' 401k plan account as of April 30, 2017. Does not include any shares allocated by the plan trustee after that date.
- (2) Pursuant to terms and conditions of 2009 Stock Incentive Plan. This award will vest in full on June 5, 2018.
- (3) Each restricted stock unit represents the right to receive, following vesting, one share of Common Stock.

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.

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