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Glasman Zvi Form 4 August 02, 2												
FORM											PPROVAL	
UNITED STATES SECON Wast Wast Check this box if no longer subject to STATEMENT OF CHANG States SECON Wast STATEMENT OF CHANG Section 16. Form 4 or Form 5 obligations Filed pursuant to Section 16. Section 17(a) of the Public Ution 20(b) of the law 20(b) of the law				 RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES 16(a) of the Securities Exchange Act of 1934, Juliity Holding Company Act of 1935 or Section nvestment Company Act of 1940 						OMB Number:	3235-0287	
										Expires:January 31 2005Estimated average burden hours per response0.5		
See Instru 1(b).	uction	~ /				1 5						
(Print or Type I	Responses)											
Glasman Zvi Syr FC			Symbol			Ticker or T HOLDIN	-	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) ACTORY HO DISC DRIVE		3. Date of (Month/D) 07/31/20	ay/Yea		ansaction			Director X Officer (give below) CFC		b Owner er (specify	
SCOTTS V	(Street) ALLEY, CA 9	5066	4. If Amer Filed(Mon			-			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Pe	erson	
(City)	(State)	(Zip)	7 11	T N ¹	D	• • • •	•		Person			
		-			n-De			-	uired, Disposed of		-	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deer Ionth/Day/Year) Executio any (Month/I		Code		4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	03/06/2017			G		3,000	D	\$ 0	124,359	I	Shares held by Zvi & Marlise Glasman Family Trust	
Common Stock	03/06/2017			G	V	3,000	А	\$0	59,100	D		
Common Stock	07/31/2017			А		23,225 (1)	А	\$0	82,325	D		

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						[×]
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISADIC	Date	of	of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Glasman Zvi C/O FOX FACTORY HOLDING CORP. 915 DISC DRIVE SCOTTS VALLEY, CA 95066			CFO and Treasurer				
Signatures							
/s/ Zvi Glasman, by David Haugen as attorney-in-fact	08/02/2017						
**Signature of Reporting Person		Da	ate				

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).

Reflects performance based restricted stock units, orginally granted pursuant to the Issuer's 2013 Omnibus Plan, earned after the

(1) Compensation Committee of the Issuer determined on July 31, 2017 that certain performance goals for the performance period ended June 30, 2017 had been met.

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.