Edgar Filing: Trapani Francesco - Form 4

Trapani Fra Form 4	ncesco										
September 2	28, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB	APPROVAL 3235-0287	
Check th	nis box	Wa	shington	, D.C. 20	549			Number:	January 31,		
if no lon subject t Section Form 4 o Form 5		SECUI	RITIES		Act of 1934,	Expires: Estimated a burden hour response	2005 verage				
obligatio may con <i>See</i> Instr 1(b).	ons Section 170	(a) of the l	Public U	. ,	lding Cor	npan	y Act of	1935 or Section			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Trapani Francesco			2. Issuer Name and Ticker or Trading Symbol TIFFANY & CO [TIF]				0	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check	k all applicable)			
TIFFANY & CO., 727 FIFTH AVENUE			09/26/2017 -					_X_ Director10% Owner Officer (give titleOther (specify below)below)			
(Street)			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NEW YOR	K, NY 10022							Person		porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)(Instr. 3)any (Month/Day/Year)		Date, if	Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)		D	
Common Stock \$.01 Par	09/26/2017			Р	25,000	A	\$ 89.3437 (1)	7 375,000	Ι	By Argenta Holdings Sarl (2)	
Common Stock								1,156 (3)	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: Trapani Francesco - 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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				
Trapani Francesco TIFFANY & CO. 727 FIFTH AVENUE NEW YORK, NY 10022	Х							
Signatures								
/s/ John C. Duffy, Attorney-in-Fact		09/28/2017						
<u>**</u> 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).
- The price in Column 4 is a weighted average price. The price actually paid ranged from \$89.07 to \$89.58 per share. The reporting(1) person's broker has provided to the issuer and the issuer will provide any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares purchased at each price within the range.
- (2) The reporting person owns 100% of the capital of Argenta Holdings Sarl.
- (3) Includes 1,156 unvested restricted stock units, which vest in accordance with their terms on the earlier of the one year anniversary of the grant date, or the termination of the reporting person's service as a director due to death or disability.

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.