Edgar Filing: EBIX INC - Form 4

EBIX INC										
Form 4										
May 04, 2016)									
FORM	4							PPROVAL		
	UNITED S	TATES SECUR Was	ITIES Al hington,			COMMISSION	OMB Number:	3235-0287		
Check this if no longe							January 31,			
subject to	GES IN BENEFICIAL OWNERSHIP OI				Expires: 200 Estimated average					
Section 16	Section 16. SECURITIES						burden hours per			
Form 4 or Form 5	Form 4 or						response	. 0.5		
obligation	- ·	uant to Section 16								
may contin	nue. Section 17(a)	of the Public Ut 30(h) of the Inv	•	•	. .		n			
See Instruction 1(b).	ction	50(II) 01 the III	vestment	company	y ACI 01 19	40				
1(0).										
(Print or Type R	esponses)									
	ldress of Reporting Po	erson <u>*</u> 2. Issuer	Name and	Ticker or T	Frading	-	Reporting Person(s) to			
Keller Hans	Ueli	Symbol	Symbol				Issuer			
	EBIX IN	EBIX INC [EBIX]				(Check all applicable)				
(Last)	iddle) 3. Date of	3. Date of Earliest Transaction			(Check an approable)					
	(Month/Da	(Month/Day/Year)			XDirector10% Owner					
BOHLSTRA	05/02/20	05/02/2016				Officer (give titleOther (specify below) below)				
	4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)				Applicable Line)				
		· · ·				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
ZUG, V8 63	00					Person	Nore than One R	eporting		
(City)	(State) (Z	Zip) Table	e I - Non-Do	erivative S	Securities Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if	Transactio			Securities	Form: Direct			
(Instr. 3)		any	Code	Disposed		Beneficially	(D) or	Beneficial		
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
					(•)	Reported	(1115417-1)	(1115111-1)		
					(A) or	Transaction(s)				
			Code V	Amount		(Instr. 3 and 4)				
Common						73,437	D			
Stock						10,101	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.

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

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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. Transacti Code (Instr. 8)	5. Numb onof Deriv Securitie Acquired (A) or Disposed (D) (Instr. 3, and 5)	ative es d d of	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
options to purchase Common Stock	\$ 16.94						12/18/2013 <u>(1)</u>	12/18/2016	Common Stock	9,000
options to purchase Common Stock	\$ 14.89						12/30/2014 <u>(1)</u>	12/30/2018	Common Stock	6,750
options to purchase Common Stock	\$ 21.19						01/12/2016(1)	01/12/2020	Common Stock	6,000
options to purchase Common Stock	\$ 49.22	05/02/2016		А	6,000		05/02/2017 <u>(1)</u>	05/02/2021	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Keller Hans Ueli BOHLSTRASSE 25 ZUG, V8 6300	Х					
Signatures						
/s/ Hans Ueli Keller 05	/04/2016					
<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).

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(1) Stock Options will become exercisable as follows: 1/4 on the first anniversary of the date of grant with the remaining options vesting ratably on the first day of each quarter over the next three years.

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.