Edgar Filing: Murphy James P. - Form 4/A

Murnhy James P

Form 4/A October 05, 2											
FORM								OMB APPROVAL			
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17	(a) of the I	Public U		ding Con	npany	y Act of	e Act of 1934, 1935 or Section 0			
(Print or Type I	Responses)										
Murphy James P. Syr			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			COSTCO WHOLESALE CORP /NEW [COST]					(Check all applicable)			
(Last) 999 LAKE		(Middle)	3. Date of (Month/D 10/02/20	-	ansaction			Director X Officer (give below) Ex		Owner r (specify	
(Street) 4		4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year) 10/03/2017				6. Individual or Joint/Group Filing(Check				
								Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit n(A) or Di (Instr. 3, -	ties Ac sposec	equired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Common Stock	10/02/2017			А	626 <u>(1)</u>		\$ 165.89	67,096	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)

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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Murphy James P. 999 LAKE DRIVE ISSAQUAH, WA 98027			Executive VP					
Signatures								
Deanna K. Nakashima, attorney-in-fact								
**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).

Represents additional restricted stock units ("RSUs") resulting from the upward adjustment of unvested RSUs in connection with the special cash dividend paid on May 26, 2017. The adjustment was required under the plan documents governing the grants. The RSUs

(1) special cash dividend paid on Way 26, 2017. The adjustment was required under the plan documents governing the grants. The Roos reported are subject to the same vesting schedules as the RSUs granted in October 2016 subject to performance conditions concerning fiscal 2017, which were deemed satisfied by the Compensation Committee of the Board of Directors.

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.