SCHAFER WILLIAM H

Form 4 April 02, 2019

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB 3235-0287

Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

| 1. Name and Address of Reporting Person * SCHAFER WILLIAM H | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|--|---|--|--|--|
| (Last) (First) (Middle) | QTS Realty Trust, Inc. [QTS] 3. Date of Earliest Transaction | | | | |
| C/O QTS REALTY TRUST, INC., 12851 FOSTER STREET | (Month/Day/Year) 03/31/2019 | Director 10% Owner Officer (give title below) Other (specification) EVP Finance and Accounting | | | |
| (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| OVERLAND PARK, KS 66213 | | Form filed by More than One Reporting Person | | | |

| (,) | (=) | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|-----------------|---------------------|--|------------|-------------------------|--------------------|--------------|--------------|--|--|--|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of | | | |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or Disposed of (D |) Securities | Form: Direct | Indirect | | | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5) | Beneficially | (D) or | Beneficial | | | |
| | | (Month/Day/Year) | (Instr. 8) | | Owned | Indirect (I) | Ownership | | | |
| | | | | | Following | (Instr. 4) | (Instr. 4) | | | |
| | | | | (4) | Reported | | | | | |
| | | | | (A) | Transaction(s) | | | | | |
| | | | Code V | or Amount (D) Pric | e (Instr. 3 and 4) | | | | | |
| Class A | | | | ф | | | | | | |
| common stock | 03/31/2019 | | F | 665 (1) D \$ 44.8 | 65,095 | D | | | | |

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

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Table I. Non Desirative Consuities Assumed Disposed of an Denoficially Over

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. Transaction Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) | | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---|---|---------------------|--------------------|---|---------------|---|---|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHAFER WILLIAM H C/O QTS REALTY TRUST, INC. 12851 FOSTER STREET OVERLAND PARK, KS 66213

EVP -- Finance and Accounting

Signatures

/s/ Timothy J. Kuester, Attorney-in-Fact

04/02/2019

**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) Reflects shares surrendered to the Issuer to satisfy tax withholding obligation in connection with the vesting of restricted shares.

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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