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CENVEO, INC Form 4 May 23, 2016 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.								OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5		
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).										
(Print or Type Re	sponses)									
1. Name and Add Burton Micha	Symbol	Symbol Issuer					f Reporting Person(s) to			
(Last)	(First) (Middle	3. Date of E	Earliest Trai	-				all applicable		
CENVEO IN STAMFORD		(Month/Day/Year) Director 05/20/2016 XOfficer (gi below) Chie					e title Other (specify below) Operating Officer			
STAMFORD	(Street) , CT 06902	4. If Ameno Filed(Month		e Original		-	5. Individual or Joi Applicable Line) X_ Form filed by O Form filed by Mo Person	ne Reporting Pe	rson	
(City)	(State) (Zip)	Table	I - Non-De	rivative Se	curitie		red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	A. Deemed xecution Date, if 1y Month/Day/Year)	tion Date, if Transactior(A) or Disposed o Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)			of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock withholding for tax liability	05/20/2016		F	4,257	D	\$ 1.02	747,447 <u>(1)</u>	D		
Common Stock withholding for tax liability	05/20/2016		F	22,133	D	\$ 1.02	725,314 <u>(2)</u> (<u>3)</u>	D		
Common Stock							2,500,000 (4)	Ι	see footnote	

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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 SEC 1474 information contained in this form are not (9-02)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 Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Burton Michael G CENVEO INC. 200 FIRST STAMFORD PLACE STAMFORD, CT 06902			Chief Operating Officer				
Signatures							

/s/ Michael G. 05/23/2016 Burton **Signature of

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) Shares withheld as payment of a tax liability on vesting of restricted share units.
- (2) Includes 116,068 shares purchased under Issuer's Employee Stock Purchase Plan, and 17,857 shares purchased under Issuer's 401(k) Plan
- (3) Shares withheld as payment of a tax liability on vesting of performance share units.

Shares held by Robert G. Burton, Sr. Family Trust. The Reporting Person may be deemed to beneficially own the shares held by such (4) trust for the benefit of the Reporting Person's children. The Reporting Person disclaims beneficial ownership of all these securities for purposes of Section 16 or for any other purpose.

Reporting Person

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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.