AQUA AMERICA INC Form 4 April 04, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Washington, D.C. 20549

3235-0287 Number: January 31,

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average burden hours per

Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

response... 0.5

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * DEBENEDICTIS NICHOLAS | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|-----------|------------|--|---|--|--|--|
| | | | AQUA AMERICA INC [WTR] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | |
| 762 W LAN | CASTER A | VE. | (Month/Day/Year) 03/15/2017 | X Director 10% Owner Officer (give title below) Other (specification) | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| BRYN MAV | WD DA 100 | 110 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| DICTIVINA | ,, IA 170 | 710 | | Person | | | |

| BRYN MAWR, PA 1 | .90 | 1(|
|-----------------|-----|----|
|-----------------|-----|----|

| (City) | (State) | (Zıp) Tabl | le I - No | n-D | erivative | Secur | ities Acqui | ired, Disposed of, | or Beneficiall | y Owned |
|------------------------|--------------------------------------|-------------------------------|-----------|------|-----------|-----------|---|--------------------------------------|----------------|-----------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. | etio | 4. Securi | | 1 | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| (Instr. 3) | (Worth/Day/Tear) | any | | Code | | 4 and | ` ′ | Beneficially | Form: Direct | |
| | | (Month/Day/Year) | (Instr. | 8) | (A) | | Owned Following Reported Transaction(s) | (D) or Indirect (I) (Instr. 4) | | |
| | | | Code | V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 03/15/2017 | | G | V | 794 | D | \$ 31.52 | 46,254.79 | D | |
| Common Stock | 03/31/2017 | | A | | 583 | A | \$ 32.145 | 46,837.79 | D | |

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)

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| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Title a | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|----------------------------------|---|---------------------|--------------------|--|-----------|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transactic Code (Instr. 8) | onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amount Underlyi Securitie (Instr. 3 | ing es | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | or Title N of | umber | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

DEBENEDICTIS NICHOLAS
762 W LANCASTER AVE. X

BRYN MAWR, PA 19010

Signatures

/s/ Brian Dingerdissen, attorney-in-fact for Mr. DeBenedictis

04/03/2017

**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).

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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