# Edgar Filing: TrueCar, Inc. - Form 4

TrueCar, Inc	с.											
Form 4												
November 1	4, 2014											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PROVAL		
	UNITED	SIAIES		shington,			NGE C	UMIMISSION	OMB Number:	3235-0287		
Check th	nis box		vva	sinington,	D.C. 20.	347				January 31,		
if no lon		MENT OF	F CHAN	GES IN	BENEFI		LOWN	NERSHIP OF	Expires:	2005 2005		
0	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per				
	Form 4 or								response			
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligation may con				•	•	- ·		1935 or Section	ı			
See Inst		30(h)	of the In	vestment	Compan	y Act	t of 194	0				
1(b).												
(Drint or Tune Desponses)												
(Print or Type Responses)												
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
Claus Chris	stopher W		Symbol					Issuer				
TrueCar, Inc. [T				r, Inc. [TF	RUE]	(Check all applicable)				<b>`</b>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Chec					k an applicable)				
			(Month/E	Day/Year)				_X_ Director10% Owner				
C/O TRUECAR, INC., 120 11/12/2				2014			Officer (give title Other (specify below)					
BROADWAY, SUITE 200												
(Street) 4. If Ame				ndment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Month/Day/Yea				nth/Day/Year					One Percenting Percen			
_X_Form filed by One Reporting Person												
SANTA MONICA, CA 90401 Form they by More than One Reporting Person												
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of	2. Transaction Dat	e 2A. Deem	med 3. 4. Securities Acquired				quired	5. Amount of	6. 7. Natu	7. Nature of		
Security	(Month/Day/Year)		Date, if	Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect		
(Instr. 3)		any (Month/D	av/Year)	Code (Instr. 8)	(Instr. 3, 4	and :	5)	Beneficially Owned	Form: Direct (D) or	Ownership		
		(		()				Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(, ,				
Stock	11/12/2014			Р	10,000	А	\$ 17	40,000	D			
							Φ					
Common	11/14/2014			Р	10,000	А	\$ 16.75	50,000	D			
Stock							10.75					

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.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Claus Christopher W C/O TRUECAR, INC. 120 BROADWAY, SUITE 200 SANTA MONICA, CA 90401	Х							
Signatures								
/s/ Scott Watkinson, by power of attorney		11/14/2	2014					
<b>**</b> 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). \*\*

### **Remarks:**

## Exhibit 24 - Power of Attorney

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.