Edgar Filing: J2 GLOBAL, INC. - Form 4

INCLODAL INC

| Form 4 | 2, IINC. | | | | | | | | | | |
|--------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|-----------|-------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|
| August 16, 2 | 2016 | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | PROVAL | |
| | UNITE | D STATES | | AITIES A Shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | F CHANGES IN BENEFICIAL OWNEI SECURITIES | | | | | NERSHIP OF | Expires: Estimated a burden hou response | | |
| Form 5 obligatio may com <i>See</i> Instr 1(b). | tinue. Section 1 | 7(a) of the | Public Ut | | ling Con | npang | y Act of | e Act of 1934, 1935 or Section 0 | · | 0.0 | |
| (Print or Type] | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol J2 GLOBAL, INC. [JCOM] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of | Earliest Tr | ansaction | | | (Check | к ап аррпсавіе |) | |
| | | | (Month/Day/Year) 08/15/2016 | | | | | Director 10% Owner Officer (give title Other (specify below) President and CFO | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| LOS ANGE | ELES, CA 9002 | 28 | | | | | | _X_ Form filed by C Form filed by M Person | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | d of (D) | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Stock \$0.01 Par Value | 08/15/2016 | | | F <u>(1)</u> | 3,120 | D | \$ 68.12 | 293,347 | 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.

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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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of 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

| Reporting Owner Name / Address | Relationships | | | | | | |
|---------------------------------------------------------------------------------|---------------|-----------|-------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| TURICCHI R SCOTT 6922 HOLLYWOOD BLVD., 5TH FLOOR LOS ANGELES, CA 90028 | | | President and CFO | | | | |
| Signatures | | | | | | | |
| /s/ R Scott | | | | | | | |

/s/ R. Scott 08/16/2016 Turicchi

<u>**</u>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) Payment for a tax liability by withholding securities incident to vesting of a certain restricted stock award under the Issuer's 2007 Stock Plan.

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.