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FRENCH D	OUGLAS D											
Form 4												
February 12,	, 2018											
FORM	14									OMB AF	PROVAL	
	UNITE	ED STATE				ND EX D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box				5 /						Expires:	January 31,	
subject to STATEMENT OF CHAR				NGES IN BENEFICIAL OWN					NERSHIP OF		2005 2005	
Section 16.				SECURITIES						Estimated average burden hours per		
	Form 4 or									response 0.5		
Form 5 obligation		•						•	e Act of 1934,			
may cont	Section			•		•	· ·		1935 or Sectior	1		
See Instru		30(h) of the In	vestme	nt	Compar	iy Ac	t of 194	10			
1(b).												
(Print or Type I	Responses)											
(I find of Type I	(copolises)											
1. Name and A	Address of Report	ing Person *	2 Issue	r Name a	nd	Ticker or	Tradi	no	5. Relationship of	Reporting Pers	on(s) to	
FRENCH DOUGLAS D Symbol				er Name and Ticker or Trading ER HERMAN INC [MLHR]				B	Issuer	1 0		
								HR]				
			f Earliest Transaction (Check all applicable))				
(Last)	(First)	(winduic)				ansaction			X Director	10%	Owner	
(Month/D 855 EAST MAIN AVENUE, P.O. 02/09/20				-					Officer (give t	r (specify		
BOX 302		- ,	02,00,12	010					below)	below)		
	(Street)		4 If Ame	ndment	Da	te Origina	1		6 Individual or Io	int/Group Filin	g(Check	
			endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 1100(1110)	, 2 u j / 1	eur j	/			_X_ Form filed by O			
ZEELAND,	, MI 49464								Form filed by M Person	ore than One Re	porting	
$(\mathbf{C};\mathbf{t}_{n})$	(24-4-)	(7:							reison			
(City)	(State)	(Zip)	Tabl	e I - Nor	1-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.		4. Securi		-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye	ar) Execution any	on Date, if	Transaction(A) or Disposed of (D) C_{A}					Securities	Ownership	Indirect	
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					5)	Beneficially Owned	Beneficial Ownership			
		euj, rour) (motr. 0)						Following	(D) or Indirect (I)	(Instr. 4)		
							(A)		Reported	(Instr. 4)		
							or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/09/2018			S		0.95	D	\$ 36.45	11,465.4854	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.

 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. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
1 8	Director	10% Owner	Officer	Other				
FRENCH DOUGLAS D 855 EAST MAIN AVENUE P.O. BOX 302 ZEELAND, MI 49464	Х							
Signatures								
By: Angela M. Shamery For: Douglas D.								
French		02/12/2018						
**Signature of Reporting Per		Date						
Explanation of Pasnanasa								

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.