Edgar Filing: Francis Karen C - Form 4

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Form 4											
	January 04, 2018 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287				
Check thi if no long subject to Section 10 Form 4 or	er STATE								burden hou	Expires: January 3 ⁻¹ 200 Estimated average burden hours per response 0.	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17	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									
(Print or Type R	(esponses)										
Francis Karen C Symbo			Symbol	-				5. Relationship of Reporting Person(s) to Issuer			
(1 4)	(F :	(A (1 41-)					ck all applicable	k all applicable)			
200 SW 1ST AVE, SUITE 1600 (Month/D 01/02/20 (Street) 4. If Ame				Date of Earliest Transaction onth/Day/Year) X_ Director 02/2018 Officer (give below)					title 10% Owner Other (specify below)		
			nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
FORT LAU	DERDALE, FL	33301						Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Stock, par value \$0.01 per share	01/02/2018			A <u>(1)</u>	4,764	A	\$0	10,337	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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
Toporting of the runner runners	Director	10% Owner	Officer	Other			
Francis Karen C 200 SW 1ST AVE SUITE 1600 FORT LAUDERDALE, FL 33301	Х						
Signatures							
/s/ C. Coleman Edmunds, Attorney-in-Fact		01/04/20	018				
**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).

2018 grant of 4,764 vested restricted stock units (the "RSUs") pursuant to the AutoNation, Inc. 2014 Non-Employee Director Equity Plan (as amended, the "2014 Director Plan"). The RSUs will settle in shares of common stock, par value \$0.01 per share, of AutoNation, Inc.

(1) (the "Company") in accordance with the terms of the award, including any deferral election made by the reporting person, and the 2014 Director Plan. Settlement of the RSUs will be accelerated in certain circumstances as provided in the terms of the award and the 2014 Director Plan, including in the event the reporting person ceases to serve as a non-employee director of the Company.

Remarks: Exhibit Index 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.