Edgar Filing: GP STRATEGIES CORP - Form 4

GP STRATE	EGIES CORP											
Form 4	015											
August 10, 2	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
		0111111		shington,					Number:	ar: 3235-0287		
Check the		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										
if no long subject to	SIATE:											
Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 o Form 5	N (* 1		response	0.5								
obligation	*						•	e Act of 1934, 1935 or Section	h			
may cont	inue.			vestment	•	· ·	•		1			
See Instru 1(b).	iction	20(11)	or the m	, estiment	compu	.9 1 10		Ŭ				
. ,												
(Print or Type I	Responses)											
1 Name and A	ddress of Reporting	Person *	2 1	. N	T: -1	T		5 Relationship of	Reporting Pers	son(s) to		
GUGALA I			2. Issuer Symbol	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			2	ATEGIE	S CORF	۱GP	XI					
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				(Check all applicable)				
(Lust)	(1130)	(made)		Month/Day/Year))8/06/2015				Director 10% Owner				
GP STRAT	EGIES							X_Officer (give titleOther (specify				
	TION, 300 EAS	T BIG						below) below) Senior Vice President				
BEAVER R	D., SUITE 500											
			4. If Ame	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line)					
TROY, MI 48083-1223								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	+0005-1225							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership			
Security	(Month/Day/Year	·	n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned Following	Indirect (I) Owne			
(Instr. 3)		any (Month/I	Day/Year)							Beneficial Ownership		
							(Instr. 4)					
						(A)		Reported Transaction(s)				
				Codo V	Amount	or	Drice	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$		_			
Stock	08/06/2015			$F^{(1)}$	436	D	25.38	12,591	D			
Common										GP 401(k)		
Stock								1,455	Ι	Plan $\frac{(2)}{2}$		

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	le and unt of rlying tities . 3 and 4)	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						
Reporting Owner Maile / Mailess	Director	10% Owner	Officer	Other			
GUGALA DAVID A GP STRATEGIES CORPORATION 300 EAST BIG BEAVER RD., SUITE 500 TROY, MI 48083-1223			Senior Vice President				

Signatures

David A. 08/10/2015 Gugala

<u>**</u>Signature of Reporting Person

Date

of son

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) Shares surrendered to satisfy tax withholding obligations on recently vested shares issued with respect to previously reported restricted stock units awarded under the 2011 Stock Incentive Plan.
- (2) Shares held in GP 401(k) Retirement Savings 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.