Edgar Filing: Geraci Michael - Form 4

| Geraci Micha | el | | | | | | | | |
|--|---|--|--|---|--------|---|--|--|---|
| Form 4 | | | | | | | | | |
| September 10 |), 2018 | | | | | | | | |
| Check this box if no longer subject to Section 16. Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | ОМВ | PROVAL 3235-0287 | | |
| | | | | | | 0 | | | |
| (Print or Type R | esponses) | | | | | | | | |
| Geraci Michael Symbo | | | Issuer Name and Ticker or Trading nbol FRICON CORP [IIN] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
| (Last) | (First) (M | liddle) 3. Date | of Earliest Tr | ansaction | | | (Cnec | ck all applicable | e) |
| C/O INTRIC CORPORAT ROAD | CON FION, 1260 RED | 09/06/ | Day/Year) 2018 | | | | Director X Officer (give below) VP Sa | | o Owner er (specify Ig |
| | (Street) | | Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| ARDEN HII | LLS, MN 55112 | | | | | | Form filed by N Person | | |
| (City) | (State) (| Zip) Tal | ole I - Non-D | erivative S | Securi | ities Acc | quired, Disposed of | f, or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, it any (Month/Day/Year | Code) (Instr. 8) | 4. Securi on(A) or Di (D) (Instr. 3, | spose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 09/06/2018 | | М | 7,500 | A | \$ 3.85 | 26,725 | 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. Transactiv Code (Instr. 8) | 5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | e Expiration I | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|---------------------|--|-----------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option to purchase common stock | \$ 3.85 | 09/06/2018 | | М | 7,500 | <u>(1)</u> | 01/02/2024 | Common Stock | 7,500 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------|---------------|-----------|------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Geraci Michael | | | | | | |
| C/O INTRICON CORPORATION | | | VP Sales & | | | |
| 1260 RED FOX ROAD | | | Marketing | | | |
| ARDEN HILLS, MN 55112 | | | - | | | |
| Signatures | | | | | | |
| | | | | | | |

| /s/ Scott Longval, | 09/10/2018 |
|--------------------|------------|
| attorney-in-fact | 09/10/2018 |

**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) This option is fully vested and may be immediately exercised.

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.