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POLYONE Form 4 January 03, 2										
FORM	14 UNITED S	STATES SECUR Was				NGE	COMMISSION		PPROVAL 3235-0287	
							urs per			
(Print or Type I	Responses)									
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relation LIN SANDRA BEACH Symbol Issuer POLYONE CORP [POL] 1.					Issuer					
(Last)	(First) (N	(iddle) 3. Date of	Earliest Tra	ansaction			(Cheo	ck all applicabl	e)	
POLYONE CENTER, 33587 (Month/Da 12/31/20 WALKER ROAD			onth/Day/Year) X_ Director 31/2016 Officer (give ti below)					title 10% Owner Other (specify below)		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
AVON LAP	KE, OH 44012						_X_ Form filed by I Form filed by I Person			
(City)	(State) ((Zip) Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi onAcquirec Disposec (Instr. 3,	l (A) c l of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	12/31/2016		Code V A	Amount 890	(D) A	Price \$ 0	(Instr. 3 and 4) 14,533	Ι	Deferred Comp Plan	
Common Stock							2,003.915	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	4. Transactio 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 rities . 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

I B	Director	10% Owner	Officer	Other
LIN SANDRA BEACH POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	х			
Signatures				

By: Lisa K. Kunkle, Power of Attorney for Sandra Beach Lin

**Signature of Reporting Person

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).

Relationships

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.

01/03/2017

Date