## Edgar Filing: Solomon Lawrence F - Form 4

Solomon Lav Form 4	wrence F											
October 18, 2	2018											
FORM	14								OMB AF	PROVAL		
	UNITED	STATES		AITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or	6.	MENT O	F CHAN	GES IN 1 SECUR	Expires: January 3 200 Estimated average burden hours per response 0							
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns 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 30(h) of the Investment Company Act of 1940										
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Solomon Lawrence F			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
(*		<b>.</b>		Systems, I	-	AM]		(Chec	k all applicable	)		
(Last) (First) (Middle) 41 UNIVERSITY DRIVE SUITE 202			<ul><li>3. Date of Earliest Transaction (Month/Day/Year)</li><li>10/17/2018</li></ul>					Director 10% Owner X Officer (give title Other (specify below) SVP & Chief People Officer				
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEWTOWN	N, PA 18940								Iore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
EPAM Common Stock	10/17/2018			F	326 <u>(1)</u>	D	\$ 123.1	10,052	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise	•	any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	3		Secur	ities	(Instr. 5)	Bene
. ,	Derivative			. ,	Securities			(Instr.	. 3 and 4)	. ,	Owne
	Security				Acquired				,		Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						× · · · ·
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISADIC	Date		of		
				Code V	(A) (D)				Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Solomon Lawrence F 41 UNIVERSITY DRIVE SUITE 202 NEWTOWN, PA 18940			SVP & Chief People Officer				
Signatures							
/s/ Kate Pytlewski, as Attorney-in-Fact	10/1	8/2018					

<u>\*\*</u>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) These shares were withheld by the Issuer to satisfy the tax withholding requirement arising from the vesting of restricted stock units granted to the reporting person under the Issuer's Long Term Incentive 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.