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Cebula R Ch	ristopher										
Form 4											
January 03, 2	2018										
FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO							OMB APPROVAL			
-	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check th if no long	ar				Expires:	January 31, 2005					
subject to	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average			
Section 1		SECURIT						burden hours per			
Form 4 o Form 5		uncurrent to	Section 1	G(a) of the	Sagurit		vohone	hat of 1024	response	0.5	
obligatio	n o *						-	ge Act of 1934, f 1935 or Section	n		
may cont	inue.			vestment	•	· ·			11		
See Instru 1(b).	uction	00(11)		,	compan	<i>j</i> - 10	,				
(Print or Type I	Responses)										
1 Name and A	ddrass of Dapartin	ng Dorson *	. .		T . 1	 1.		5 Delationship of	Doporting Dor	son(s) to	
Calcale D Charles also				suer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	Symbol CLEVE	LAND-C	LIFES I	NC [CLFI						
								(Check all applicable)			
			3. Date of (Month/D	Earliest Tra	ansaction			Director 10% Owner			
200 PUBLI	C SQUARE, SI	UITE	12/31/2	•				Officer (give	title Othe	er (specify	
3300								below) VP. Corpor	below) ate Controller ڈ	& CAO	
	(Street)		1 If Ame	ndmant Da	ta Origina	1		-			
				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		
CLEVELA	ND, OH 44114							Form filed by N Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Ac	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea		on Date, if	Transactic	on(A) or D		-	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned		Beneficial Ownership	
		(Iviointii/	Day/Tear)	(Instr. 6)	(111501. 5,	+ and	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(instro und 1)			
Common Shares	12/31/2017			F	860 (1)	D	\$ 7.21	54,813.6468	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)

Security or Exercise (Instr. 3) Price of Derivative Security		any (Month/Day/Year)	Code	of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)		
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repor	rting Owners									
Reporting Owner Name / Address		Relationships								
		Director 10% (Other						
200 PUBI	Christopher LIC SQUARE, SUITE 3300 AND, OH 44114	VP, Corporate Controller & CAO								
Signa	tures									
/s/ James	D. Graham by Power of									

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4.

5.

6. Date Exercisable and 7. Title and

Amount of

8. Price of

Derivative

9. Nt

Deriv

Secu

Bene Own Follo Repo Trans (Instr

/s/ James D. Graham by Power of Attorney

1. Title of 2.

01/03/2018

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Surrender of shares in payment of tax liability incurred on December 31, 2017, the date of restricted share units vesting to the Reporting Person that were granted on February 9, 2015.

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.