Edgar Filing: BENDER H PHILLIP - Form 4

BENDER H	I PHILLIP											
Form 4	2015											
October 27,												
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATE	SECII	DITIES A	ND FY	сца	NCF	COMMISSION	т	PPROVAL		
	UNITED	SIALE		shington,			INGE	COMMISSION	OMB Number:	3235-0287		
Check t	his box		vv a	sinigton,	D.C. 2 0	549				January 31,		
if no lor		MENT O	F CHAN	IGES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005		
subject Section	10			SECURITIES					Estimated average burden hours per			
	Form 4 or								response 0.5			
Form 5	Filed pu	rsuant to	Section 1	6(a) of th	e Securi	ties E	Exchan	ge Act of 1934,	•			
obligati may cor				•	•	· ·	•	of 1935 or Sectio	n			
See Inst		30(h)	of the Ir	vestment	Compar	ny Ac	t of 19	940				
1(b).												
(Print or Type	Responses)											
(I line of Type	responses)											
1. Name and Address of Reporting Person *2. IssueBENDER H PHILLIPSymbol				2. Issuer Name and Ticker or Trading mbol				5. Relationship of Reporting Person(s) to				
								Issuer				
			CEDAI	R FAIR L	P [FUN]		(Cha	ck all applicabl	2)		
(Last)	(First)	(Middle)	3. Date o	f Earliest Tı	ransaction			(Clied	ck all applicabl	e)		
				Ionth/Day/Year)			Director		% Owner			
ONE CEDAR POINT DRIVE 10/2			10/25/2	10/25/2017				X Officer (giv below)	e title Oth below)	er (specify		
								· · · · · · · · · · · · · · · · · · ·	ive VP Operati	ons		
	(Street)		4. If Ame	endment, Da	ate Origina	ıl		6. Individual or J	oint/Group Fili	ng(Check		
			Filed(Mo	nth/Day/Year	:)			Applicable Line)		-		
								X Form filed by Form filed by I				
SANDUSK	XY, OH 44870-52	259						Person		eporting		
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	ities Ac	equired, Disposed o	f. or Beneficia	llv Owned		
1.Title of	2. Transaction Date	e 24 Deen		3.				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)			Transactio				Securities	Form: Direct	Indirect		
(Instr. 3)		any		Code (D)				Beneficially		Beneficial		
		(Month/L	Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(1130.4)	(IIIsu: 4)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Units of												
Limited	10/25/2017			А	1,904	А	\$	59,803	D			
Dortnor					-,- 0 .		62 2	,				

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

Partner

Interest

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

62.2

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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	7. Tit Amou Under Secur (Instr	int of rlying	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						
	Director	10% Owner	Officer	Other			
BENDER H PHILLIP ONE CEDAR POINT DRIVE SANDUSKY, OH 44870-5259			Executive VP Operations				
Signatures							
H. Philip Bender 10/	27/2017						

H. Philip Bender

**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).

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.