## Edgar Filing: AZZ INC - Form 4

AZZ INC

| Form 4   |   |              |  |                                       |     |                                       |           |                      |  |  |   |  |
|--|---|--------------|--|---------------------------------------|-----|---------------------------------------|-----------|----------------------|--|--|---|--|
| July 19, 2016  |   |              |  |                                       |     |                                       |           |                      |  |  |   |  |
| FORM   | 4   |              | GECUDI                                   |                                       |     |                                       | TT A N    |                      |  | OMB AI   | PPROVAL   |  |
|  | UNIII   | ED STATE     |  |                                       |     | D EXC<br>D.C. 205                     |           | GE CU                | OMMISSION  | OMB<br>Number:   | 3235-0287   |  |
| Check this<br>if no longe  | r   |              |  |                                       |     |                                       |           |                      |  | Expires:   | January 31,<br>2005   |  |
| subject to<br>Section 16<br>Form 4 or  | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF |              |  |                                       |     |                                       |           |                      |  | Estimated a burden hou   | average<br>rs per   |  |
| Form 5<br>obligations<br>may contir<br><i>See</i> Instruc<br>1(b).   | Section   | 17(a) of the |  | lity Hole                             | dir | ng Comp                               | bany      | Act of 1             | Act of 1934,<br>1935 or Section  | response   | 0.5   |  |
| (Print or Type Re  | esponses)                                       |              |  |                                       |     |                                       |           |                      |  |  |   |  |
| Pendley Timothy E Symbol   |   |              |  | Name and Ticker or Trading            |     |                                       |           |                      | 5. Relationship of Reporting Person(s) to Issuer   |  |   |  |
|  |   |              | AZZ INC                                  | C[AZZ]                                |     |                                       |           |                      | (Check   | all applicable   | ;)  |  |
| (Last)(First)(Middle)3. Date of E<br>(Month/DayONE MUSEUM PLACE, SUITE<br>500, 3100 WEST 7TH STREET07/19/201 |   |              |  |                                       |     |                                       |           | -<br>-<br>t          | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>SVP GALVANIZING                     |  |   |  |
| (Street) 4. If Amend<br>Filed(Month  |   |              |  | ndment, Date Original<br>th/Day/Year) |     |                                       |           | 1                    | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person            |  |   |  |
| FORT WOR   | ГН, TX 761                                      | 07           |  |                                       |     |                                       |           | _                    | Form filed by M<br>Person  | 1 0  |   |  |
| (City)   | (State)   | (Zip)        | Table                                    | I - Non-I                             | Der | ivative So                            | ecurit    | ies Acqui            | ired, Disposed of,   | or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transactio<br>(Month/Day/                    | any          | Deemed<br>ution Date, if<br>th/Day/Year) | Code<br>(Instr. 8                     | 3)  | 4. Securi<br>r(A) or Di<br>(Instr. 3, | (A)<br>or | d of (D)<br>5)       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| COMMON<br>STOCK  | 07/19/201                                       | 5            |  | S                                     | v   | Amount 1,200                          | (D)<br>D  | Price<br>\$<br>62.02 | 30,980   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address   |           |                 |                 |       |
|--|-----------|-----------------|-----------------|-------|
|  | Director  | 10% Owner       | Officer         | Other |
| Pendley Timothy E<br>ONE MUSEUM PLACE, SUITE 500<br>3100 WEST 7TH STREET<br>FORT WORTH, TX 76107 |           |                 | SVP GALVANIZING |       |
| Signatures   |           |                 |                 |       |
| /s/ Tara D. Mackey, attorney-in-fact for<br>Pendley  | r Timothy | <sup>,</sup> Е. | 07/19/2016      |       |
| <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).

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.