Edgar Filing: Mink Kim Ann - Form 4

Mink Kim Ar	n											
Form 4												
October 01, 2	018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	UNITE	D STATES		ITIES A hington,			NGE	COMMISSION	OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er STATE	ox STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou	Expires:January 31 2009Estimated average burden hours per response0.9		
Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Sectionmay continue.30(h) of the Investment Company Act of 19401(b).1000000000000000000000000000000000000												
(Print or Type R	esponses)											
Mink Kim Ann Symbol			Symbol	er Name and Ticker or Trading ONE CORP [POL]				5. Relationship of Reporting Person(s) to Issuer				
(Month				of Earliest Transaction /Day/Year) /2018				(Check all applicable) X_ Director 10% Owner Officer (give title 0ther (specify below) below)				
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
AVON LAK	E, OH 44012							Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	Code (Instr. 8)	4. Secu onAcquire Dispose (Instr. 3	ed (A) c ed of (D , 4 and (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/30/2018			A	745	A	\$ 0	4,444 <u>(1)</u>	Ι	Deferred Comp Plan		

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 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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					(Instr. 3, 4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other
Mink Kim Ann POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х			
Signatures				
/s/ Lisa K. Kunkle, Power of A Mink	ttorney fo	or Kim Ann		10/01/2018
<u>**</u> Signature of Reporting		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) Includes shares acquired pursuant to a dividend reinvestment feature of the PolyOne Corporation Deferred Compensation Plan for Non-Employee Directors.

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.