## Edgar Filing: MODINE MANUFACTURING CO - Form 4

MODINE M Form 4	IANUFACTURI	NG CO									
June 04, 201	5										
FORM	14								OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	ger <b>STATEN</b> 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 3 20 Estimated average burden hours per response 0		
Form 5 obligations may continue. See Instruction 1(b). 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 ]	Responses)										
KELSEY MARGARET C Symbol			Symbol	2. Issuer Name <b>and</b> Ticker or Trading mbol ODINE MANUFACTURING CO				<ol> <li>Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> </ol>			
			[MOD]					(Check	c all applicable	)	
				Day/ I cal) be				Director 10% Owner _XOfficer (give title Other (specify below) below) VP, Gen Counsel & Secretary			
	(Street)	(Street) 4. If Amendment, Date Origin Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Pers			son		
RACINE, WI 53403 — Form filed by More than One Reporting Person							porting				
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			l of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	06/02/2015			Code V A	Amount 12,046	or (D)	Price \$	Transaction(s) (Instr. 3 and 4) 67,795 (2)	D		
stock	000212010			1	(1)		11.39	51,195	2		
Common stock	06/02/2015			F	720 <u>(3)</u>	D	\$ 11.39	67,075 <u>(2)</u>	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.

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		f Derivative Expiration Date ecurities (Month/Day/Year) cquired A) or isposed of D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee stock option	\$ 11.39	06/02/2015		А	9,125	<u>(4)</u>	06/02/2025	Common stock	9,125

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KELSEY MARGARET C MODINE MANUFACTURING CO 1500 DEKOVEN AVE RACINE, WI 53403			VP, Gen Counsel & Secretary			
Signatures						

Reporting Person

Margaret C. Kelsey	06/04/2015		
**Signature of	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).
- This stock award will vest in four equal annual increments commencing on 6/2/16. (1)
- (2) This total includes 318 units of Modine common stock held in the Reporting Person's Modine 401(k) Retirement Plan account.
- (3) Shares disposed of in a private transaction to cover tax withholding.
- (4) This option will vest in four equal annual increments commencing on 6/2/16.

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.