## Edgar Filing: NELMS DAVID W - Form 4

| NELMS DAV<br>Form 4                                                                                                                   |                                         |                                                                                                                                                                                                                                      |                                       |                                                                                                                                                  |       |                                                                                                                                         |                                                                                                                    |                                                                      |                                                                                                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION                                                                               |                                         |                                                                                                                                                                                                                                      |                                       |                                                                                                                                                  |       |                                                                                                                                         |                                                                                                                    | N OMB                                                                | 3235-0287                                                                                      |  |  |
| Check this<br>if no long<br>subject to<br>Section 16<br>Form 4 or<br>Form 5<br>obligation<br>may conti<br><i>See</i> Instru-<br>1(b). | Filed purs<br>Section 17(a)             | <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |                                       |                                                                                                                                                  |       |                                                                                                                                         |                                                                                                                    | Expires:<br>Estimated<br>burden hou<br>response                      | Expires: January 31,<br>Expires: 2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |  |
| (Print or Type R                                                                                                                      | esponses)                               |                                                                                                                                                                                                                                      |                                       |                                                                                                                                                  |       |                                                                                                                                         |                                                                                                                    |                                                                      |                                                                                                |  |  |
| NELMS DAVID W Symbol                                                                                                                  |                                         |                                                                                                                                                                                                                                      | r Name <b>and</b> Ticker or Trading   |                                                                                                                                                  |       |                                                                                                                                         | 5. Relationship of Reporting Person(s) to Issuer                                                                   |                                                                      |                                                                                                |  |  |
| (Last) (First) (Middle) 3. Date of                                                                                                    |                                         |                                                                                                                                                                                                                                      | of Earliest Transaction<br>Day/Year)  |                                                                                                                                                  |       |                                                                                                                                         | (Check all applicable)<br><u></u> Orficer (give title <u></u> 10% Owner<br><u></u> Other (specify<br>below)        |                                                                      |                                                                                                |  |  |
|                                                                                                                                       |                                         |                                                                                                                                                                                                                                      | ndment, Date Original<br>th/Day/Year) |                                                                                                                                                  |       | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |                                                                                                                    |                                                                      |                                                                                                |  |  |
| VERNON H                                                                                                                              | ILLS, IL 60061                          |                                                                                                                                                                                                                                      |                                       |                                                                                                                                                  |       |                                                                                                                                         |                                                                                                                    | More than One Ro                                                     |                                                                                                |  |  |
| (City)                                                                                                                                | (State) (Z                              | Zip) Tabl                                                                                                                                                                                                                            | e I - Non-D                           | erivative S                                                                                                                                      | ecuri | ties Ac                                                                                                                                 | quired, Disposed o                                                                                                 | of, or Beneficia                                                     | lly Owned                                                                                      |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                  | 2. Transaction Date<br>(Month/Day/Year) | nsaction Date 2A. Deemed<br>h/Day/Year) Execution Date, if<br>any<br>(Month/Day/Year)                                                                                                                                                |                                       | 3. 4. Securities<br>TransactionAcquired (A) or<br>Code Disposed of (D)<br>(Instr. 8) (Instr. 3, 4 and 5)<br>(A)<br>or<br>Code V Amount (D) Price |       |                                                                                                                                         | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                                                                                                |  |  |
| Common<br>Stock, par<br>value \$0.01                                                                                                  | 12/10/2018                              |                                                                                                                                                                                                                                      | А                                     | 54.12<br>(1)                                                                                                                                     | A     | \$0                                                                                                                                     | 16,682.57                                                                                                          | 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>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<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 | ınt 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                                                        | Relationships |           |         |       |  |  |  |  |
|---------------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|--|
|                                                                                       | Director      | 10% Owner | Officer | Other |  |  |  |  |
| NELMS DAVID W<br>C/O CDW CORPORATION<br>200 N MILWAUKEE AVE<br>VERNON HILLS, IL 60061 | Х             |           |         |       |  |  |  |  |
| Signatures                                                                            |               |           |         |       |  |  |  |  |
| /s/ Robert J. Welyki,<br>Attorney-in-Fact                                             |               | 12/12/20  | 18      |       |  |  |  |  |
| **Signature of Reporting Person                                                       |               | Date      |         |       |  |  |  |  |
| Explanation of Responses:                                                             |               |           |         |       |  |  |  |  |

## 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) Dividend equivalents awarded pursuant to the terms of previously granted restricted stock units.

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.