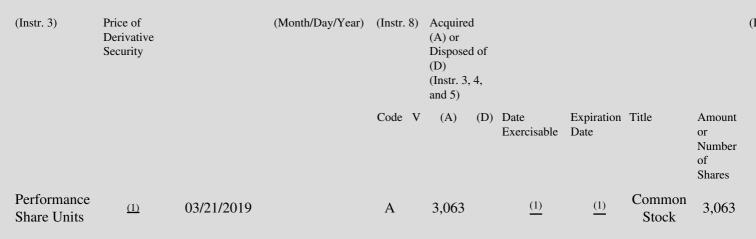
Edgar Filing: Hollifield Matthew V - Form 4

Hollifield M	Iatthew V								
Form 4 March 25, 2	2019								
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						OMB A N OMB Number:	PPROVAL 3235-0287		
						nge Act of 1934, of 1935 or Section	Expires: Estimated burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type	Responses)								
			2. Issuer Name and Ticker or Trading Symbol LOWES COMPANIES INC [LOW]			5. Relationship of Reporting Person(s) to Issuer[(Check all applicable)			
(Last)	(First) (Middle) 3.	Date of Earliest T	ransaction		(Che	еск ап аррпсаві	e)	
1000 LOWES BOULEVARD			(Month/Day/Year) 03/21/2019			Director 10% Owner X Officer (give title Other (specify below) SVP Chief Accounting Officer			
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MOORES	VILLE, NC 28117	7				Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)			
Reminder: Re	port on a separate line	e for each class	of securities bene	-	-				
						spond to the colle tained in this form		SEC 1474 (9-02)	

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S



Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hollifield Matthew V 1000 LOWES BOULEVARD MOORESVILLE, NC 28117			SVP Chief Accounting Officer			
Signatures						

By: /s/ Sandra Felton by power of attorney for: Matthew V. 03/25/2019 Hollifield

**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).

Each performance share unit represents a contingent right to receive one share of the Issuer's common stock. The performance share units were granted on April 1, 2016 and were subject to the achievement of certain pre-established metrics over the three-year performance period and ing at the and of fiscal 2018. On March 21, 2010, the Componentiate of the Issuer's fibe Issuer's Described on the period of the Issuer's common stock.

(1) period ending at the end of fiscal 2018. On March 21, 2019, the Compensation Committee of the Issuer's Board of Directors certified the performance metrics and determined the number of performance share units that were earned. The performance share units continue to be subject to a service condition that will be satisfied on April 1, 2019.

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.