

FAULSTICK LUKE T
Form 4
November 06, 2018

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer
FAULSTICK LUKE T			Orthofix Medical Inc. [OFIX]	(Check all applicable)
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner
3451 PLANO PARKWAY			11/02/2018	<input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)
LEWISVILLE, TX 75056				<input checked="" type="checkbox"/> Form filed by One Reporting Person
(City)	(State)	(Zip)		<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
			Code	V	Amount	(A) or (D)	Price
Common Stock	11/02/2018		S		3,500	D	\$ 60.9271 (1)
Common Stock	11/02/2018		S		650	D	\$ 61.7243 (2)
Common Stock	11/02/2018		M		4,300	A	\$ 32.13 10,779
Common Stock	11/02/2018		S		3,600	D	\$ 60.9251 (3)

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The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.54 to \$61.39, inclusive. The reporting person undertakes to provide to Orthofix Medical Inc., any security holder of Orthofix Medical Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (1) to this Form 4.

(2) The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$61.61 to \$61.87, inclusive. The reporting person undertakes to provide to Orthofix Medical Inc., any security holder of Orthofix Medical Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

(3) The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$60.51 to \$61.39, inclusive. The reporting person undertakes to provide to Orthofix Medical Inc., any security holder of Orthofix Medical Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (3) to this Form 4.

(4) The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$61.62 to \$61.87, inclusive. The reporting person undertakes to provide to Orthofix Medical Inc., any security holder of Orthofix Medical Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (4) to this Form 4.

(5) These stock options vest in 25% increments on each of September 17, 2015, 2016, 2017 and 2018.

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.