Edgar Filing: DRIL-QUIP INC - Form 4

DRIL-QUIP Form 4	INC									
July 05, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EACHANGE COMMISSION						ONID	3235-0287		
Check this	Check this box Washington, D.C. 20549							Number:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OV					LOW	NERSHIP OF	Expires:	2005		
Subject to Section 16	ection 16. SECURITIES							Estimated a burden hou		
Form 4 or	_						response			
Form 5 obligation	Γ field bullsually to Section 10(a) of the Securities Exchange Act of 1754.									
may contin	nue. Section 17(a		e Investment	•	- ·			n		
See Instruction 1(b).	ction	50(11) 01 11		compun	y 1 ici	. 01 17	10			
(Print or Type R	esponses)									
1. Name and Ac	ldress of Reporting P	erson * 2	ssuer Name and	Ticker or '	Fradin	σ	5. Relationship o	f Reporting Per	son(s) to	
SHUKIS A P Syn			2. Issuer Name and Ticker or Trading Symbol DRIL-QUIP INC [DRQ]				Issuer			
							(Check all applicable)			
(Last)	(First) (M	iddle) 3. D	ate of Earliest Tra	ansaction			(ene	ek un appliedok	-)	
		(Month/Day/Year) Director			b Owner er (specify					
6401 NORTH ELDRIDGE 07 PARKWAY		07/01/2016				below) below)				
17111111111111	(Street)	/ If	Amendment Da	te Original			6 Individual or I	oint/Group Fili	ng(Check	
			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 Form filed by More than One Reporting			
HOUSTON,	TX 77041						Person	More than One Ko	eporting	
(City)	(State) (Zip)	Table I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Dat	Code Disposed of (D)				Securities H Beneficially (Form: Direct	Indirect Beneficial Ownership	
(Instr. 3)		any (Month/Day/Y						(D) or Indirect (I)		
			((, , , , , , , , , , , , , , , , , , ,			Following (1	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/01/2016		A	131 <u>(1)</u>		\$ 0	6,530	D		
Stock										

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate Amour Year) Underl Securit		int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer Other

Reporting Owners

Reporting Owner Name / Address

SHUKIS A P 6401 NORTH ELDRIDGE PARKWAY HOUSTON, TX 77041

Signatures

/s/ James C. Webster, Attorney-in-Fact

07/05/2016 Date

Director

**Signature of Reporting Person 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 restricted stock award was granted pursuant to the Company 2004 Incentive Plan (as amended and restated effective May 10, 2012)
 (1) and therefore has no purchase or sales price. This restricted stock award was received in lieu of all or a portion of the quarterly fees related to the reporting person's service on the Board of Directors and its committees.

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.