

MCCORMICK PETER M
 Form 3
 February 08, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 * M C C O R M I C K P E T E R M (Last) (First) (Middle) 205 CROSSPOINT PARKWAY (Street) GETZVILLE, NY 14068 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/29/2018	3. Issuer Name and Ticker or Trading Symbol COLUMBUS MCKINNON CORP [CMCO]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP-CraneSolutions	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	--	---	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	74,425 ⁽¹⁾	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Options (Right to Buy)	05/23/2017	05/23/2026	Common Stock	20,642 ⁽²⁾	\$ 15.16	D	Â
Non-Qualified Stock Options (Right to Buy)	05/22/2018	05/22/2027	Common Stock	15,910 ⁽³⁾	\$ 24.33	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MCCORMICK PETER M 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068	Â	Â	Â VP-CraneSolutions	Â

Signatures

Peter M. McCormick 02/08/2018

 **Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).
Includes 41,104 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 26,000 shares become fully vested and non-forfeitable on 9/30/2018; 4,953 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/23/2018; 4,821 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2018; and the remaining 5,330 shares become fully vested and non-forfeitable 50% per year for two years beginning 11/13/2018, if reporting person remains an employee of issuer.
- (2) Exercisable 25% per year for four years beginning 5/23/2017, if reporting person remains an employee of issuer.
- (3) Exercisable 25% per year for four years beginning 5/22/2018, if reporting person remains an employee of issuer.

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.