Edgar Filing: HELFAND DAVID - Form 4

HELFAND D	DAVID							
Form 4								
January 30, 2								
FORM	COMMISSION	OMB APPROVAL						
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB 3235-02 Number:	287		
Check this if no long		X						
subject to Section 16 Form 4 or	51ATEM . 5.		GES IN BENEFICIAL OV SECURITIES		Estimated average burden hours per	005 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)							
1. Name and Address of Reporting Person <u>*</u> HELFAND DAVID		Symbol	Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M		Earliest Transaction	(Chec	k all applicable)			
(Last)	(TIISt) (W	(Month/D		_X_ Director10% Owner				
C/O EQUIT		01/29/2	-	_X_ Officer (give title Other (specify below) below)				
	VEALTH, TWO /ERSIDE PLAZA	Α,		· · · · · · · · · · · · · · · · · · ·	ident & CEO			
			ndment, Date Original hth/Day/Year)	Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO, IL 60606					ed by More than One Reporting			
(City)	(State) (2	Zip) Tabl	e I - Non-Derivative Securities A	cquired, Disposed of	, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		(A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)	l		
Common			Code V Amount (D) Pri	ce ,				
Shares of Beneficial Interest	01/29/2019		A 31,691 A \$0	567,831	D			
Common Shares of Beneficial Interest				290	I See footnote	(1)		

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

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						X
					4, and 5)						
					., und c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISADIC	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
HELFAND DAVID C/O EQUITY COMMONWEALTH TWO NORTH RIVERSIDE PLAZA, SUITE 2100 CHICAGO, IL 60606	Х		President & CEO		
Signatures					

/s/ Orrin S. Shifrin,	01/30/2019
attorney-in-fact	01/30/2019

**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).

These shares are held by EGI-CW Holdings, L.L.C. ("EGI-CW"). The reporting person is a member of EGI-Fund (14-16) Investors, (1) L.L.C. ("EGI-Fund (14-16)"), which is a member of EGI-CW. The shares reported represent only the number of shares in which the reporting person has a pecuniary interest in accordance with his proportionate interest in EGI-Fund (14-16).

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.