Edgar Filing: CIBER INC - Form 4

CIBER INC										
Form 4										
July 05, 2016)									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							-	OMB APPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION								OND	3235-0287	
Check this	s box	V	Vashington,	D.C. 20:	549			Number:	January 31,	
if no longer								Expires:	2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL O						NEKSHIP OF	Estimated average			
Section 10 Form 4 or			SECUN	IIIES				burden hours per response 0.5		
Form 5		uant to Section	16(a) of the	e Securiti	es Ex	cchang	ge Act of 1934,	response	0.5	
obligation	18 Section 17(a)						f 1935 or Sectio	n		
may conti <i>See</i> Instru	nue.		Investment	•	· ·					
1(b).	cuon			1.	•					
(Print or Type R	esponses)									
		*								
			suer Name and	Ticker or	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
5 yilloof				וח						
		CIBE	ER INC [CB	KJ			(Check all applicable)			
(Last)	(First) (M	,	3. Date of Earliest Transaction							
6262 SOUTI	H FIDDLER'S GI		h/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
CIRCLE, SU		$\mathbf{KEEN} 0 / 0]$	/2016				below)	below)	er (speeny	
CIRCLE, SC										
			mendment, Da	-			6. Individual or Joint/Group Filing(Check			
			Month/Day/Year	·)			Applicable Line) _X_ Form filed by One Reporting Person			
GREENWO	OD						Form filed by M	More than One Re		
VILLAGE, O							Person			
(City)		Zip) T								
(City)	(State) (.	\mathbf{T}	able I - Non-D	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, any		TransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Form: Direct (D) or	Indirect Beneficial Ownership (Instr. 4)	
(1150.5)		(Month/Day/Ye					Owned	Indirect (I)		
							Following	(Instr. 4)		
					(A)		Reported Transaction(s)			
					or		(Instr. 3 and 4)			
Common			Code V	Amount	(D)	Price				
Common Stock, \$.01	07/01/2016		M (1)	2,388	А	\$0	35,883	D		
par value	07/01/2010		IVI <u>('')</u>	2,300	A	φU	55,005	D		
Par value										

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. Transactio Code (Instr. 8)	5. Number ctionof Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	(2)	07/01/2016		М		2,388	07/01/2016 <u>(3)</u>	(4)	Common Stock, \$.01 par value	2,388

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
FLOYD MARK A 6363 SOUTH FIDDLER'S GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE, CO 80111	Х					
Signatures						
By: Michael Sean Radcliffe For: Mark Floyd	07/05	5/2016				
**Signature of Reporting Person	Da	ate				

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).
- (1) Represents shares acquired upon release of restricted stock units.
- (2) Each Restricted Stock Unit represents a contingent right to receive one share of CIBER, Inc. common stock.
- (3) The Restricted Stock Units vest in equal quarterly installments over a period of three years.
- (4) RSU converts to common stock over 3 year life (per vesting schedule)

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.