

MCCORMICK PETER M
 Form 4/A
 June 01, 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 *
 MCCORMICK PETER M

2. Issuer Name and Ticker or Trading Symbol
 COLUMBUS MCKINNON CORP
 [CMCO]

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)

(Last) (First) (Middle)
 205 CROSSPOINT PARKWAY
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 05/23/2018

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 VP-CraneSolutions

GETZVILLE, NY 14068
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
 05/25/2018

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 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 Ownership (Instr. 4)
Common Stock	05/23/2018		F	(A) or (D) V Amount Price 509.717 \$ 76,672.5807 (1) 38.33 (2)		D	

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities 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)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V (A) (D)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

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

Signatures

Peter M.
McCormick 06/01/2018

**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).
- (1) Originally reported as 509.7171 and original footnote is being amended to read as follows. Represents shares withheld to satisfy tax withholding obligation upon vesting of 1,670.7170 shares of restricted stock on 5/23/2018.
- Original footnote is being amended to read as follows. Includes 41,339.5807 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 26,065.2337 shares become fully vested and non-forfeitable on 9/30/2018; 3,294.7102 shares become fully vested and non-forfeitable 50% per year for two years beginning 5/23/2019; 3,622.264 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/22/2019; 3,014 shares become fully vested and non-forfeitable 25% per year for four years beginning 5/22/2019; and the remaining 5,343.3728 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.

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.