## Edgar Filing: Allanson Joe - Form 4

Allanson Jo	e											
Form 4												
February 26												
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES	SECUE	TIFS	3 A	ND FX	сна	NGE C	OMMISSION		PROVAL	-
	UNITED	STATES				D.C. 20				OMB Number:	3235-0	287
Check the					,					Expires:	January	
if no longer subject to STATEMENT OF CHAN							ICIA	L OWN	<b>ERSHIP OF</b>	Estimated a		2005
Section 16. SI					SECURITIES					burden hours per		
Form 4 Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchan					Tychange	Act of 193/	response 0.				
obligatio	ons Section 17(							-	1935 or Section	L		
may con <i>See</i> Inst	iunue.			•		•	· ·	t of 1940		-		
1(b).						_						
(Drint or Turo	Deemonaes)											
(Print or Type	Kesponses)											
1. Name and	Address of Reporting	Person <sup>*</sup>	2. Issue	r Name a	and	l Ticker or	• Tradi	ng	5. Relationship of I	Reporting Pers	on(s) to	
Allanson Joe Symbol				-					Issuer			
			SALES	LESFORCE COM INC [CRM]					(Check all applicable)			
(Last)	(First) (N	Middle)				ansaction			× ×	11	·	
· · · · · · · · · · · · · · · · · · ·				onth/Day/Year)					Director X Officer (give	title 00% Owner		
FLOOR	ON STREET, SRI	J	02/26/2	019					below)	below)		
	( <b>7</b> )			_	_		_			counting Offic		
			Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			T-fieu(Mo	iiui/Day/ I	cal	)			_X_ Form filed by O	ne Reporting Per	rson	
SAN FRAN	NCISCO, CA 9410	05							Form filed by Me Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	le I - Noi	n-D	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	v Owned	
1.Title of	2. Transaction Date	2A. Deem		3.		4. Securi		-	5. Amount of	6.	7. Nature	e of
Security	(Month/Day/Year)			Transac	ctio	on(A) or Di	isposed	d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/D	Code (Instr. 3, 4 and 5) (Instr. 8)					Beneficially Owned	Form: Direct (D) or	Beneficia Ownersh		
		(110111112	uj, 10ul)	(insur e	- /				Following	Indirect (I)	(Instr. 4)	
							(A)		Reported Transaction(s)	(Instr. 4)		
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	00/06/0010				v			\$	20.210	D		
Stock	02/26/2019			S <u>(1)</u>		317	D	160.66	30,310	D		

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)

## Edgar Filing: Allanson Joe - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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					
Allanson Joe 415 MISSION STREET 3RD FLOOR SAN FRANCISCO, CA 94105			Chief Accounting Officer						
Signatures									
/s/ Scott Siamas, attorney-in-fact Allanson	02/26/2019								
**Signature of Reporting Person	l	Da	te						
Evalenction of Dec	nonoo	<b>.</b> .							

## **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) Pursuant to a 10b5-1 Plan.

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.