#### Edgar Filing: HEARTLAND PAYMENT SYSTEMS INC - Form 4

#### HEARTLAND PAYMENT SYSTEMS INC

Form 4

November 06, 2015

FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL		
							OMMISSION	OMB Number:	3235-0287	
Check to if no lor	ngar							Expires:	January 31 2005	
subject	to STATE	MENT OF C			ICL	AL OWN	ERSHIP OF	Estimated a		
Section Form 4 Form 5	or		SECURITIES					burden hours per response		
obligation may con See Inst	ons ntinue. Section 170			lding Co	mpar	ny Act of	1935 or Section	1		
(Print or Type	Responses)									
1. Name and Address of Reporting Person * Lawler Michael A			2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Zawiei natemen i i			Symbol HEARTLAND PAYMENT SYSTEMS INC [HPY]				(Check all applicable)			
(Last)	(First) (		C. Dutte of Europe Transaction			DirectorX_ Officer (give				
	RTLAND PAYMI S, INC., 90 NASS.	ENT 11/	05/2015				below) President	below) - Strategic Ma	rkets	
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
		File	d(Month/Day/Yea	ar)			Applicable Line)  _X_ Form filed by O  Form filed by M			
PRINCETO	ON, NJ 08542						Person	ore man one Re	porting	
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secu	ırities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/D		Code	4. Securionor Dispos (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	11/05/2015		S	4,000	D	72.7577 (1)	3,803	D		
Reminder: Re	eport on a separate line	e for each class o	f securities bene	eficially ow	ned d	lirectly or in	directly.			

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.

**OMB APPROVAL** 

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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 Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
Lawler Michael A C/O HEARTLAND PAYMENT SYSTEMS, INC. 90 NASSAU STREET PRINCETON, NJ 08542			President - Strategic Markets			

# **Signatures**

/s/ Charles H.N. Kallenbach, Attorney 11/06/2015 in Fact

> \*\*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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$72.66 to \$72.7853, inclusive. The reporting person undertakes to provide to Heartland Payment Systems, Inc., any security holder of Heartland Payment Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

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.

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