Stein William Form 4/A January 12, 2018

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

obligations may continue. See Instruction

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(b).

(Last)

**SUITE 415** 

1. Name and Address of Reporting Person \* Stein William

(First)

(Street)

395 OYSTER POINT BLVD.,

2. Issuer Name and Ticker or Trading

Symbol

Core-Mark Holding Company, Inc.

[CORE]

3. Date of Earliest Transaction

(Month/Day/Year) 01/01/2018

Director

Other (specify Officer (give title below) SVP US Distribution East

(Middle)

4. If Amendment, Date Original

Filed(Month/Day/Year)

01/03/2018

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

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Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

**SOUTH SAN** FRANCISCO, CA 94080

(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securion(A) or D (D) (Instr. 3,	4 and (A) or	od of 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 Indirect Beneficial Ownership (Instr. 4)
Coremark Common Stock	01/01/2018				` ′		76,336	D	
Coremark Common Stock	01/01/2018		M	2,666	A	\$ 0.01	79,002	D	
Coremark Common Stock	01/01/2018		F	1,689 (1)	D	\$ 0.01	77,313	D	
	01/01/2018		F		D		75,747	D	

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Coremark	1,566	\$
Common	(2)	0.01
Stock		

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

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(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transactic Code (Instr. 8)	Transaction Derivative Code Securities		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
2010 LTIP RSU GRANT 2015	\$ 0.01	01/01/2018		M		2,934	01/21/2016	01/21/2022	Coremark Common Stock	2,934
2016 RSU GRANT	\$ 0.01	01/01/2018		M		2,666	01/20/2017	01/20/2023	Coremark Common Stock	2,666

Dolotionship

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Stein William 395 OYSTER POINT BLVD., SUITE 415 SOUTH SAN FRANCISCO, CA 94080			SVP US Distribution East			
<b>0</b> 1						

## **Signatures**

Reporting Person

Chris Miller,	01/12/2018			
POA	01/12/2016			
**Signature of	Date			

Reporting Owners 2 Edgar Filing: Stein William - Form 4/A

# **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) Shares withheld for taxes on RSU Vesting
- (2) Shares withheld for taxes on Performance RSU Vesting previously reported in Table I

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.