Edgar Filing: ONEAL E STANLEY - Form 4

| ONEAL E ST | ΓANLEY | | | | | | | | | | | |
|--|-----------------------------------|---------------|---|---------------------------------|------------|-----------|----------------|--|---|-------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| May 22, 2018 | 3 | | | | | | | | | | | |
| | | | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this | | | | | | | | | Expires: | January 31, | | |
| subject to STATEMENT OF CHAN | | | | GES IN BENEFICIAL OW | | | | NERSHIP OF | Estimated a | 2005 | | |
| | Section 16. | | | | SECURITIES | | | | burden hou | | | |
| Form 4 or | Form 4 or | | | | | | | | response | | | |
| Form 5 obligation | | | | | | | - | ge Act of 1934, | | | | |
| may conti | | | | • | • | | | of 1935 or Sectio | n | | | |
| <i>See</i> Instru 1(b). | | 30(h) | of the Inv | estment (| Company | y Act | of 19 | 40 | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| ONEAL E STANLEY Symb | | | Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | Arconic | Inc. [AR] | NC | | | (Chec | ck all applicable | e) | | |
| (Last) (First) (Middle) 3. | | | 3. Date of | 3. Date of Earliest Transaction | | | | | | | | |
| 390 PARK AVENUE 05/ (Street) 4. If | | | | Month/Day/Year) | | | | XDirector | | 6 Owner | | |
| | | | 05/18/2018 | | | | | Officer (give title Other (specify below) below) | | | | |
| | | | 4. If Amer | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Mont | h/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| NEW YORK | K,, NY 10022 | | | | | | | | More than One Re | | | |
| (City) | (State) | (Zip) | Table | I Non D | | oouri | tion A a | quired, Disposed of | f or Ponoficial | lly Owned | | |
| | | | | | | | ues Ac | | | - | | |
| 1.Title of Security | 2. Transaction E (Month/Day/Ye | | emed 3. 4. Securities on Date, if TransactionAcquired (A) or | | | r | | 6. Ownership Form: Direct | 7. Nature of Indirect | | | |
| (Instr. 3) | (Wondi/Day/Te | any Execution | JII Date, II | Code Disposed of (D) | | | | Beneficially (| (D) or Indirect (I) | Beneficial Ownership | | |
| | | • | Day/Year) | (Instr. 8) | | | | | | | | |
| | | | | | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | | | | |
| - | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 05/18/2018 | | | А | 8,296 | А | \$0 | 22,268 | 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)

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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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | s I | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4 | 8. Price of Derivative Security (Instr. 5)4) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title Amou or Numb of Shares | er | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | |
|---|----------|------------|---------|-------|
| 1 | Director | 10% Owner | Officer | Other |
| ONEAL E STANLEY 390 PARK AVENUE NEW YORK,, NY 10022 | Х | | | |
| Signatures | | | | |
| /s/ Margaret Lam (Assistant Se | | 05/22/2018 | | |

attorney

**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).

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.