Edgar Filing: Schlesinger Sarah J. - Form 4

Schlesinger S	Sarah J.											
Form 4												
June 04, 2018	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi									Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES I					S IN BENEFICIAL OWNERSHIP OF					Expires. 2005 Estimated average		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5			~ • • • •		~	_	_		response 0.5			
obligatior	10							ge Act of 1934,				
may conti	inue. Section I			•	•	• •		of 1935 or Sectio	n			
See Instru 1(b).	iction	50(II)	of the Inv	/estiment (Company	y Aci	. 01 19	40				
(Print or Type R	Responses)											
Schlesinger Sarah J. Sy			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			-	NES CO	/DE [M]	DCO]					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Chec	ck all applicable	e)			
8 SYLVAN WAY 05/31/2 (Street) 4. If Am				h/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
			05/31/2018					below) below)				
				dment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
Filed(Mor				h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
PARSIPPAN	NY, NJ 07054								More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)		on Date, if	Code Disposed of (D)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						(A) or		Transaction(s)				
_				Code V		(D)	Price	(Instr. 3 and 4)				
Common Stock	05/31/2018			А	3,766 (1)	A	\$0	3,766	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)

Reporting Owners

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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. Transact Code (Instr. 8)	tioı)	5. Number onof 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)	
				Code N	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Stock Option (right-to-buy)	\$ 33.86	05/31/2018		А		9,141		(2)	05/31/2028	Common Stock	9,141

Reporting Owners

Reporting Owner Name / Address		Relationsh			
L O	Director	10% Owner	Officer	Other	
Schlesinger Sarah J. 8 SYLVAN WAY PARSIPPANY, NJ 07054	Х				
Signatures					
/s/ Stephen M. Rodin, Attorney Schlesinger			06/04/2018		
<u>**</u> Signature of Rep			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) The restricted stock award vests on May 31, 2019 and was made as part of and pursuant to the Issuer's director compensation program.
- (2) The option vests in one installment on May 31, 2019 and was made as part of and pursuant to the Issuer's director compensation program.

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.