## Edgar Filing: Marcus & Millichap, Inc. - Form 4

Marcus & Mi	illichap, Inc.												
Form 4	~												
May 05, 2016	5												
FORM										OMB APPROVAL			
	- UNITEI	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287			
Check this	Check this box				angton, D.C. 20549					January 31,			
-	if no longer which the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NFRSHIP OF	Expires:	Expires: 2005				
-									Estimated average				
Form 4 or								burden hours per response 0.5					
Form 5	Filed p	ursuant to	Section 16	5(a) of the	e Securiti	ies Ez	xchans	ge Act of 1934,	16300136	0.5			
obligation	$^{18}$ Section $1'$							f 1935 or Sectio	on				
may conti <i>See</i> Instru	nue.		) of the Inv	•	•	- ·							
1(b).	etton												
(Print or Type R	esponses)												
1 Name and A	ddrass of Doportin	a Darson *	<b>.</b> .			<b>.</b>		5 Deletionship of	f Daparting Dar	con(s) to			
MILLICHAP WILLIAM A Symbol				Name and	Ticker or	Fradin	ıg	5. Relationship of Reporting Person(s) to Issuer					
				& Millich	on Inc	EN AN A	TI						
			•		1]	(Check all applicable)							
				of Earliest Transaction					100				
(Month/D				•				X_ Director 10% Owner Officer (give title Other (specify					
C/O MARCUS & MILLICHAP, 05, INC., 23975 PARK SORRENTO,			05/03/20	)10				below)	below)	er (opeenig			
SUITE 400		LI110,											
50112 100				4. If Amendment, Date Original					6 Individual or Isint/Course Eiling/Class				
					-			6. Individual or Joint/Group Filing(Check Applicable Line)					
Filed(Month/Day/Year)						_X_ Form filed by One Reporting Person							
CALABASA	AS, CA 91302							Form filed by I Person	More than One Ro	eporting			
(City)	(Stata)	(Tip)											
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned			
1.Title of	2. Transaction D			3. 4. Securities				5. Amount of	6. Ownership				
Security (Instr. 3)	(Month/Day/Yes		on Date, if	TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(1130.5)		any (Month	(Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)				Indirect (I)	Ownership			
			•		. , , , , , , , , , , , , , , , , , , ,			Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)					
						or		(Instr. 3 and 4)					
Common				Code V	Amount	(D)	Price						
Common Stock	05/03/2016			А	2,457 (1)	А	\$0	46,290	D				
STOCK					<u>(-)</u>								

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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MILLICHAP WILLIAM A C/O MARCUS & MILLICHAP, INC. Х 23975 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 Signatures /s/ William A. 05/04/2016 Millichap **\*\***Signature of Reporting Date Person

## **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 shares shall vest 33-1/3rd per year on the first, second and third anniversary of the date of grant.

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.