## Edgar Filing: NOVAKOVIC PHEBE N - Form 4

	TC PHEBE N											
Form 4 January 05, 2	2018											
•	ЛЛ								OMB AF	PROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this box if no longer				C					Expires:	January 31,		
subject to Section 1 Form 4 c	F CHAN	IGES IN SECUI		ICIA	ERSHIP OF	Estimated a burden hour response						
Form 5 obligations may continue. See Instruction 1(b). 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. Name and Address of Reporting Person <u>*</u> NOVAKOVIC PHEBE N			8					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			[GD]									
(Last) (First) (Middle) C/O GENERAL DYNAMICS			(Month/Dav/Year) -				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman and CEO					
PARK DR.	TION, 2941 FA	AIRVIEW										
	(Street)				onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
FALLS CHURCH, VA 22042				-				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ty (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(			
Common Stock	01/03/2018			F <u>(1)</u>	39,720	D	\$ 201.99	362,640 <u>(2)</u>	D			
Common Stock								4,925.834 <u>(3)</u>	Ι	401(k) Plan		

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.

## Edgar Filing: NOVAKOVIC PHEBE N - Form 4

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
NOVAKOVIC PHEBE N C/O GENERAL DYNAMICS CORPORATION 2941 FAIRVIEW PARK DR. FALLS CHURCH, VA 22042	Х		Chairman and CEO					
Signatures								
L. Neal Wheeler, by Power of Attorney 01/	05/2018							
**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).
- (1) Represents the withholding of shares of Common Stock under the General Dynamics Corporation equity compensation plan to satisfy tax withholding obligations in connection with the release of restricted shares and performance restricted stock units.
- (2) Pursuant to the applicable grant agreement, fractional shares accrued on performance restricted stock units are not issued upon release of the units.
- (3) Includes share activity under General Dynamics 401(k) plan since date of reporting person's last ownership report.

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.