Edgar Filing: Kulmaczewski Leo - Form 4

Kulmaczewsk	i Leo											
Form 4												
October 16, 20	018											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	• UNITED	STATES						NGE (COMMISSION		3235-0287	
Check this	box		vv as	ningic	on, I	D.C. 205	949			Number:	January 31,	
if no longe	r STATE	MENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OF						Expires:	2005	
subject to Section 16									Estimated average			
Form 4 or										burden hours per response 0.5		
Form 5	Filed pu	irsuant to S	Section 16	6(a) of	the	Securiti	es Ez	cchang	ge Act of 1934,	·		
obligations may contir				•		•	• •		f 1935 or Sectio	n		
See Instruc		30(h)	of the Inv	vestme	ent (Company	y Act	of 19	40			
1(b).												
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person *2. IssuerKulmaczewski LeoSymbol				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			BELDE	N INC	. IB	BDC1						
(Last)	(First)	(Middle)	3. Date of		•	-			(Cheo	ck all applicable	e)	
(Month/Da									Director 10% Owner			
C/O BELDE	N INC., 1 N.		10/15/20	•					_X_ Officer (give title Other (specify below)			
	DD BLVD., 15	TH							· · · · · · · · · · · · · · · · · · ·	os & Lean Enter	prise	
FLOOR											-	
(Street) 4. If			4. If Amer	If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Mont				onth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
SAINT LOU	IS, MO 63105									More than One Re		
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Da		3.		4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea		Execution Date, if any			nAcquired Disposed			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(/Day/Year)					Owned	Indirect (I)	Ownership			
									Following Reported	(Instr. 4)	(Instr. 4)	
							(A)		Transaction(s)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	10/15/0010				,	4,300			1 200	D		
Stock	10/15/2018			А		(1)	А	\$0	4,300	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	tle and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amo	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	erlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secu	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	: 3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						X
					4, and 5)						
					., una c)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
Repo	r tina O	wners									

J

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Kulmaczewski Leo C/O BELDEN INC. 1 N. BRENTWOOD BLVD., 15TH FLOOR SAINT LOUIS, MO 63105			SVP, Ops & Lean Enterprise					
Signatures								
/s/ Brian E. Anderson, attorney-in-fact for Leo Kulmaczewski)		10/16/2018					
** Signature of Reporting Person			Date					
Explanation of Responses	5:							

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).

Represents restricted stock units (RSUs) granted by the Company's Compensation Committee on October 15, 2018. The RSUs (1) will vest in three equal portions on the first three anniversaries following the grant date. Additional terms apply in the event of the holder's termination, death, disability or retirement.

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.