## Edgar Filing: BRONSON JOSEPH R - Form 4

BRONSON J	OSEPH R										
Form 4	010										
January 22, 2										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: January 31 2005 Estimated average burden hours per response 0.5				
1(b).											
(Print or Type R	esponses)										
BRONSON JOSEPH R Symbol				er Name and Ticker or Trading 3S ENGINEERING GROUP				5. Relationship of Reporting Person(s) to Issuer			
			INC /DE	E/ [JEC]					ck all applicable)		
(Last)         (First)         (Middle)         3. Date of (Month/D)           1999 BRYAN STREET, SUITE         01/17/20           1200         01/17/20				-				_X_Director10% Owner Officer (give titleOther (specify below)below)			
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DALLAS, T	X 75201								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year	on Date 2A. Deemed						5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	01/17/2019			A	2,644 ( <u>1)</u>	A	\$ 0	31,802	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g	Director	Director 10% Owner		Other			
BRONSON JOSEPH R 1999 BRYAN STREET, SUITE 1200 DALLAS, TX 75201	Х						
Signatures							
Kevin C. Berryman - Attorney-in-Fact a Bronson	01/22/2019						
**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).

Represents the receipt of restricted stock units pursuant to the Company's 1999 Outside Director Stock Plan. Each restricted stock unit represents the right to receive one share of Jacobs common stock at the time of vesting. The restricted stock units will become 100%

(1) vested on the first to occur of the following: (i) the one-year anniversary of the award date or (ii) the date of the Company's 2020 annual shareholder meeting occurring after December 31, 2019, provided that Director remains a director of the Company continuously through such vesting date.

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.