## Edgar Filing: Titzman Donna M. - Form 4

Titzman Do	nna M.										
Form 4	2019										
October 02,	_									PROVAL	
FORM	Л 4 <sub>UNITED</sub>	STATES	SECU	RITIES	AND EX	CH/	ANGE CO	OMMISSION	OMB	THOVAL	
	UTTED	<b>STILL</b>		shington					Number:	3235-0287	
Check this box				sington, D.C. 2004)				Expires:	January 31,		
if no lon		MENT O	F CHAN	IGES IN BENEFICIAL OWNERSHIP O				ERSHIP OF	. 2		
subject to STATEMENT OF CHAN Section 16.				SECURITIES				Estimated average burden hours per			
Form 4									response	0.5	
Form 5	-						-	Act of 1934,			
obligation may con								1935 or Section			
See Inst		30(h)	of the II	nvestmen	t Compa	ny A	ct of 1940	)			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person 2. Issuer				r Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to				
Titzman Do	onna M.		Symbol					Issuer			
				ERO ENERGY CORP/TX			ΓX	(Check all applicable)			
			[VLO]					(		,	
(Last)	(First)	(Middle)	3. Date of	of Earliest 7	Transactior	ı		Director		Owner	
			th/Day/Year)				XOfficer (give titleOther (specify below)				
P.O. BOX	696000		10/01/2	2018				EV	P and CFO		
(Street) 4. If Am			4. If Am	nendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mor				onth/Day/Year)				Applicable Line)			
								_X_ Form filed by O Form filed by M			
SAN ANTO	ONIO, TX 78269	9-6000						Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.			cquired (A)		6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form:	Indirect Beneficial	
(111501. 5)		ay/Year)					Owned	Direct (D)	Ownership		
		× ·	· · ·					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
						or		(Instr. 3 and 4)	(Instr. 4)		
Common				Code V	Amount	(D)	Price	× ,			
Common Stock,					7 280		\$				
\$.01 par	10/01/2018			F	7,280 (1)	D	ه 114.725	162,868 <u>(2)</u>	D		
value							11-1.725				

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: Titzman Donna M. - 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)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
I B B B B B B B B B B B B B B B B B B B	Director	10% Owner	Officer	Other				
Titzman Donna M. P.O. BOX 696000 SAN ANTONIO, TX 78269-6000			EVP and	CFO				
Signatures								
Ethan A. Jones, as Attorney-in-Fac Titzman	na M.	10/02/2018						
<u>**</u> Signature of Reporting Pe	erson			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) Shares withheld to satisfy tax obligation for restricted stock holdings.
- (2) The 162,868 amount does not include 20,687.874 shares indirectly held by the reporting person in a thrift plan.

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.