Edgar Filing: Wood Jeffrey M - Form 4

| Form 4 | • | | | | | | | | | | |
|---|---|--|--|--|------------|--------|---|--|---|---|--|
| February 21 | | | | | | | OMB APPROVAL | | | | |
| | UNITED | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| Check th if no lon subject to Section Form 4 c | ger STATEN 16. | | | | | | | | | January 31, 2005 verage 's per 0.5 | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17 | 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) | | | | | | | | | | |
| Wood Jeffrey M S | | | 2. Issuer Name and Ticker or Trading Symbol Allegion plc [ALLE] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | (First) (AGE LOCK CON N. PENNSYLV | | 3. Date o (Month/E 02/16/2 | - | ransaction | | | Director X Officer (give below) | 10% | Owner r (specify | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CARMEL, | IN 46032 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Derivative | Secur | ities Acqu | uired, Disposed of, | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | sposed | d of (D) | 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) | |
| Ordinary Shares | 02/16/2018 | | | F | 171 | D | \$ 82.695 | 1,629 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|---|------------|---------------|-----------------------|-------|--|--|--|--|--|
| 1 8 | Director | 10% Owner | Officer | Other | | | | | |
| Wood Jeffrey M C/O SCHLAGE LOCK COMPANY LL 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032 | С | | Senior Vice President | | | | | | |
| Signatures | | | | | | | | | |
| /s/ S. Wade Sheek, Attorney-In-Fact | 02/21/2018 | | | | | | | | |
| <u>**</u> 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).

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.