McPherson Larry Form 4 August 14, 2017

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

Expires: January 31, 2005

10% Owner

\_ Other (specify

**OMB APPROVAL** 

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*\*

McPherson I arry

McPherson Larry

(Last)

2. Issuer Name **and** Ticker or Trading

Symbol

Altra Industrial Motion Corp.

3. Date of Earliest Transaction

[AIMC]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

C/O ALTRA INDUSTRIAL

(First)

(Middle)

MOTION CORP., 300 GRANITE STREET SUITE 201

(Street)

4. If Amendment, Date Original

Filed (Month/Day/Year)

(Month/Day/Year)

08/10/2017

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person \_\_\_\_ Form filed by More than One Reporting

Person

BRAINTREE, MA 02184

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	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)
Common Stock, par value \$0.001	08/10/2017		A	564	. ,		8,551	D	
Common Stock, par value \$0.001							67,930	I	By Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

#### Edgar Filing: McPherson Larry - Form 4

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exerc Expiration Da		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Teal)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/		Under	lying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

#### **Reporting Owners**

#### Relationships

Reporting Owner Name / Address

Director  $\frac{10\%}{\text{Owner}}$  Officer Other

McPherson Larry C/O ALTRA INDUSTRIAL MOTION CORP. 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184



#### **Signatures**

Todd Patriacca, Attorney-in-fact

08/14/2017

\*\*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).
  - These shares are common stock, par value \$0.001, awarded to the Reporting Person under the Altra Industrial Motion Corp. 2014
- (1) Omnibus Incentive Plan. Pursuant to the Company's non-management director compensation policy, these shares represent the Director's quarterly installment of restricted stock granted to the Director.
- (2) The shares are held in a revocable trust for which Mr. McPherson and his wife serve as trustees.

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.

Reporting Owners 2