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Form 4										
March 11, 2019									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										
Check this box Washington, D.C. 20549					Number:	3235-0287 January 31,				
if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005	
subject to Section 16.	SECUDITIES							Estimated burden hou		
Form 4 or Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	•	
obligations may continue <i>See</i> Instruction 1(b).	e. Section 17(a) of the l	Public U	Jtility Ho	lding Coi		of 1935 or Section			
(Print or Type Resp	ponses)									
1. Name and Address of Reporting Person <u>*</u> Parisi Christopher S			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			Armstrong Flooring, Inc. [AFI]				(Check all applicable)			
(Last)	(First) (I	(Middle) 3. Date of Earliest Transaction (Month/Day/Year)			Director	109	% Owner			
C/O ARMSTRONG FLOORING, INC., 2500 COLUMBIA AVENUE, P.O. BOX 3025			03/07/2019			X_ Officer (give title Other (specify below) below) SVP, GC, Secretary & CCO				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
LANCASTER	, PA 17603						Person	More than One K	sporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	Fransaction Date onth/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
			c							
Reminder: Report	on a separate line	e for each cl	ass of sec	surifies bene	-		or indirectly.	ction of S	SEC 1474	
					inforr requi	nation cont red to resp ays a curre	tained in this form ond unless the fo ntly valid OMB co	n are not rm	(9-02)	
	Tab					posed of, or convertible	Beneficially Owner securities)	1		

1. Title of
Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Number8. Pr
Derivative1. Title of
Derivative2.3. Transaction Date4.5. Number6. Date Exercisable and
Expiration Date7. Title and Amount of
Number8. Pr
Derivative

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)	of	n/Day/Yea	ur)	(Instr. 3 and 4	4)	Secu (Inst
				Code V	(A)	(D) Date Exercis		piration ate	Title	Amount or Number of Shares	
Restricted Stock Unit	(1)	03/07/2019		А	5,291	(2	2)	(2)	Common Stock	5,291	\$

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g a construction and	Director	10% Owner	Officer	Other		
Parisi Christopher S C/O ARMSTRONG FLOORING, INC. 2500 COLUMBIA AVENUE, P.O. BOX 3025 LANCASTER, PA 17603			SVP, GC, Secretary & CCO			

Signatures

/s/Christopher S.	
Parisi	03/11/2019
**Signature of	Date
Reporting Person	

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) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock under the Issuer's long-term incentive plan.

5,291 restricted stock units were granted to the Reporting Person on March 7, 2019. The restricted stock units will vest as follows (i)

(2) 1,763 on the first anniversary of the grant, (ii) 1,764 on the second anniversary of the grant, and (iii) 1,764 on the third anniversary of the grant (contingent upon the Reporting Person's employment with the Issuer on the scheduled vesting date, except as provided under the Issuer's 2016 Long-Term Incentive Plan, as amended and restated).

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.