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PLOURDE H	KATHARINE										
Form 4											
May 15, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL		
••••	• • UNITEI	D STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi				8 /					Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN	ES IN BENEFICIAL OWNERSHIP OF				200		
Section 1				SECURITIES					Estimated average burden hours per response 0.5		
Form 4 of	r										
Form 5							-	e Act of 1934,			
obligation may cont				•	•	· ·		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Drint or Tuno E	Pasmonsos)										
(Print or Type F	(esponses)										
1 Name and A	ddress of Reportir	19 Person *	2 Icours	Nama and	Ticker or	Tradia	ng	5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person * 2. Issuer PLOURDE KATHARINE Symbol				r Name and Ticker or Trading				Issuer			
ALBANY INTERNATIONAL											
				DE/ [AIN]				(Check all applicable)			
(Last)	(First)	(Middle)		Earliest Tr	-			X Director	10%	Owner	
(Month/D								Officer (give	er (specify		
C/O ALBAN	NY INTERNA'	TIONAL	05/11/2	-				below)	below)		
CORP., 216	AIRPORT DR	RIVE									
			ndment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line)					
			nth/Day/Year)								
								_X_Form filed by One Reporting Person Form filed by More than One Reporting			
ROCHESTE	ER, NH 03867							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		any	any (Month/Day/Year)		(Instr. 3,	4 and	5)	Beneficially	· /	Beneficial	
		(Month/I			(Instr. 8)					Ownership (Instr. 4)	
						(•)		Reported	(1115111-1)	(1115411 1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A							\$				
Common	05/11/2018			A <u>(1)</u>	1,491	А	» 60.35	8,646 <u>(2)</u>	D		
Stock							00.55				

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt 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		

Other

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Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer		
PLOURDE KATHARINE C/O ALBANY INTERNATIONAL COR 216 AIRPORT DRIVE ROCHESTER, NH 03867	Р.	X				
Signatures						
Kathleen M. Tyrrell, Attorney-in-Fact	05/	15/2018				
**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).
- (1) Shares distributed pursuant to the Directors' Annual Retainer Plan.
- (2) Includes 37 shares acquired pursuant to a dividend reinvestment 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.