Edgar Filing: Morningstar, Inc. - Form 4

Morningstar,	, Inc.											
Form 4												
November 10	6, 2015											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL		
	UNITED) STATES		shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi	is box		vv as	sinngton,	D.C. 20	347				January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Expires:	2005		
subject to Section 1)			SECURITIES					Estimated a			
Form 4 or								burden hours per response 0.5				
Form 5	Filed pu	irsuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	•			
obligation may cont		(a) of the	Public Ut	tility Hold	ling Con	npany	y Act of	1935 or Section	1			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type F	Responses)											
1. Name and A	ddress of Reporting	9 Person *	2 Issue	Nama and	Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	son(s) to		
Goff Gregor		-	Symbol	er Name and Ticker or Trading				Issuer				
e •				ningstar, Inc. [MORN]								
(Last)	(First)	(Middle)		Earliest Tr	-	-		(Chec	k all applicable	:)		
				th/Day/Year)			Director	10%	Owner			
C/O MORNINGSTAR, INC., 22 11/15/2			-			_X_ Officer (give title Other (specify below)						
WEST WASHINGTON STREET								Chief Technology Officer				
			4. If Ame	endment, Date Original			6. Individual or Joint/Group Filing(Check					
				(Month/Day/Year)				Applicable Line)				
								X Form filed by C				
CHICAGO,	IL 60602							Form filed by M Person	lore than One Re	porung		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct				
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned		Beneficial Ownership		
		((Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
				a 1 b		or	D .	Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Common Stock	11/15/2015			F	203	D	۵ 78.28	18,161	D			
STOCK							70.20					

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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					
	Director	10% Owner	Officer	Other				
Goff Gregory R C/O MORNINGSTAR, INC. 22 WEST WASHINGTON STREET CHICAGO, IL 60602			Chief Technology Officer					
Signatures								
/s/ Heidi Miller, by power of attorney	11/1	6/2015						
**Signature of Reporting Person	Ι	Date						
Explanation of Responses:								

* If the form is filed by more than one reporting person, *see* Instruction

* 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.