Edgar Filing: GOOD LYNN J - Form 4

| GOOD LYN Form 4 March 04, 2 FORN Check th if no lon subject to Section Form 4 | OMB AF OMB Number: Expires: Estimated a burden hou response | | | | | | | | | |
|--|---|--|--|--------------------------------|----------------------|--|---|---|--|--|
| Form 5 obligations may continue. See Instruction 1(b). 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) | | | | | | | | | |
| 1. Name and A GOOD LY | Address of Reporting Person <u>*</u> NN J | 2. Issuer Name a Symbol Duke Energy C | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) 550 S. TRY | (First) (Middle) | 3. Date of Earliest (Month/Day/Year) 02/28/2019 | | | | | (Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other</u> (specify below) Chairman, Pres & CEO | | | |
| CHARLOT | (Street) TTE, NC 28202 | 4. If Amendment, I Filed(Month/Day/Ye | mendment, Date Original Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (Zip) | Table I - Non | -Derivative | Securi | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | any | ion Date, if Transact Code /Day/Year) (Instr. 8) | | sposed 4 and 5 (A) or | 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 | 02/28/2019 | Code V F | Amount6,008 | (D) D | Price \$ 89.66 | 263,646 | D | | | |
| Common Stock | 02/28/2019 | S | 10,562 | D | \$ 89.92 | 253,084 | D | | | |
| Common Stock | 02/28/2019 | S | 2,900 | D | \$ 89.93 | 250,184 | D | | | |
| Common Stock | 02/28/2019 | S | 920 | D | \$ 89.94 | 249,264 | D | | | |
| Common Stock | 02/28/2019 | S | 618 | D | \$ 89.95 | 248,646 | D | | | |

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| Common Stock | 02/28/2019 | G | 7,000 | D | \$0 | 241,646 | D | |
|-----------------|------------|---|--------|---|------|---------|---|--------------------|
| Common Stock | 02/28/2019 | G | 75,000 | D | \$ 0 | 166,646 | D | |
| Common Stock | | | | | | 75,000 | Ι | By Family Trust |
| Common Stock | | | | | | 2,255 | Ι | By 401(k) |
| Common Stock | | | | | | 1,625 | I | By Spouse |

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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. Mumber | 6. Date Exercised Expiration D | | 7. Title a Amount | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|------------------|---|---------------------|------------------|--------------|--------------------------------|--------------------|-------------------|--------|------------------------|----------------|
| Security | or Exercise | (intointin Duy, i cui) | any | Code | of | (Month/Day/ | | Underlyi | | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | · · | i cai) | Securitie | 0 | (Instr. 5) | Bene |
| (1130.5) | Derivative | | (infontin Day Tear) | (1130.0) | Securities | | | (Instr. 3 a | | (1130.5) | Owne |
| | Security | | | | Acquired | | | (msu. J | unu +) | | Follo |
| | Security | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | A | mount | | |
| | | | | | | | | or | | | |
| | | | | | | Date Exercisable | Expiration Date | | umber | | |
| | | | | | | | | of | | | |
| | | | | Code V | (A) (D) | | | Sh | hares | | |

02/28/2019

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|---|---------------|-----------|----------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| GOOD LYNN J 550 S. TRYON STREET CHARLOTTE, NC 28202 | Х | | Chairman, Pres & CEO | | | | | | |
| Signatures | | | | | | | | | |
| /s/ David S. Maltz, attorney-in-fact Lynn J. | | | | | | | | | |

Good

**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.