Altra Industrial Motion Corp.

Form 4

February 13, 2015

## FORM 4

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

OMB 3235-0287 Number:

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

(Middle)

January 31, Expires: 2005

0.5

**OMB APPROVAL** 

subject to Section 16. Form 4 or Form 5

obligations

Estimated average **SECURITIES** burden hours per response...

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 may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name	and A	Address	of Reporting	Person
DEEC		~~		

2. Issuer Name and Ticker or Trading Symbol

Issuer

below)

DEEGAN GLENN E.

Altra Industrial Motion Corp.

(Check all applicable)

5. Relationship of Reporting Person(s) to

[AIMC]

(Last) (First) 3. Date of Earliest Transaction

Director 10% Owner

(Month/Day/Year)

02/11/2015

Other (specify X\_ Officer (give title VP and General Counsel

300 GRANITE STREET, SUITE

(Street)

(State)

201

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

6. Individual or Joint/Group Filing(Check

Person

BRAINTREE, MA 02184

(City)	(State)	Table Table	e I - Non-D	Derivative Sec	urities Acc	juired, Disposed o	of, 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. Transactio Code (Instr. 8)	4. Securities on(A) or Dispo (Instr. 3, 4 and (A) (A)	osed of (D) and 5)	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)
C			Code V		D) Price	(Instr. 3 and 4)		
Common Stock, par value \$0.001	02/11/2015		A	6,030 A	\$ 26.95	35,467	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or Number		
						Exercisable	Date		of		
				C-1- V	(A) (D)						
				Coae v	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DEEGAN GLENN E. 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184

VP and General Counsel

## **Signatures**

Todd Patriacca, Attorney-in-fact 02/13/2015

\*\*Signature of Reporting Person Da

## **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 restricted common stock, par value \$0.001 ("Restricted Common Stock"),par value \$0.001, awarded to the Reporting (1) Person under the Altra Industrial Motion Corp. 2014 Omnibus Incentive Plan. Shares of the Restricted Common Stock are subject to restrictions. The restrictions will expire in equal installments on August 15, 2015, 2016, 2017 and 2018, respectively.

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.

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