Edgar Filing: Stedham Adam H - Form 4

Stedham Ad	lam H											
Form 4												
January 03,	2018											
FORM 4 UNITED STATES SECURITIES AND EXC								COMMERION	r	PPROVAL		
	UNITE	DSIAIE					NGE (LOWINISSION	OMB Number:	3235-028		
Check the	vv as	Washington, D.C. 20549						January 31,				
if no lon		EMENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: 200			
subject to				SECUR	SECURITIES				Estimated average burden hours per			
Form 4 or						response						
Form 5 obligatio							-	ge Act of 1934,				
may con				•	•	- ·		f 1935 or Sectio	n			
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type	Responses)											
()I												
1. Name and Address of Reporting Person <u>*</u> Stedham Adam H			2. Issuer	2. Issuer Name and Ticker or Trading Symbol GP STRATEGIES CORP [GPX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			Symbol									
	GP STR											
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(ene	in un uppriouon	-)			
			(Month/Day/Year)					Director 10% Owner				
GP STRATEGIES			12/31/20	12/31/2017				X_ Officer (give title Other (specify below) below)				
	TION, 11000 I								President			
LAND PAI	RKWAY, SUIT	E 200										
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
	Filed(Mon	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
COLUMBIA, MD 21044								Form filed by More than One Reporting				
COLUMBI	, 1010 210 TT							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ar) Executi	tion Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month)	'Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
		(intolial)	Day real (msu. 6) (msu. 5, 4 and 5)			5)	Following	(Instr. 4)				
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price ¢	(···· ,				
Common Stock	12/31/2017			F <u>(1)</u>	318	D	\$ 23.2	5,746	D			
							29.2			~		
Common								259	Ι	GP 401k		
Stock										Plan (2)		

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.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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		
Stedham Adam H GP STRATEGIES CORPORATION 11000 BROKEN LAND PARKWAY, SUITE 200 COLUMBIA, MD 21044				President			
Signatures							
Adam H.	01/03/2018						

01/03/2018

<u>**</u>Signature of Reporting Person

Stedham

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 surrendered to satisfy tax withholding obligations on recently vested shares issued with respect to previously reported restricted stock units awarded under the 2011 Stock Incentive Plan.
- (2) Shares held in GP 401(k) Retirement Savings 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.