Edgar Filing: SADASIVAM SHAKER - Form 4/A

SADASIVAN Form 4/A August 21, 20											
FORM	Δ									PPROVAL	
	UNITE	D STATES		ITIES Al hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long	ar a								Expires:	January 31,	
subject to STATEMENT OF C						CIA	LOW	NERSHIP OF	Estimated a	2005 d average	
Section 16.				SECURITIES					burden hours per		
Form 5	Form 5 Filed pursuant to Section 16				Securiti	es Fr	chang	re Act of 1934	response	0.5	
obligation	⁸ Section 1						-	of 1935 or Sectio	n		
may conti <i>See</i> Instru 1(b).	nue.		of the Inv	•	•	- ·					
(Print or Type R	esponses)										
SADASIVAM SHAKER Symbo			Symbol	uer Name and Ticker or Trading ol INC [IIVI]				5. Relationship of Reporting Person(s) to Issuer			
				of Earliest Transaction				(Check all applicable)			
				Month/Day/Year)				_X_ Director10% Owner			
P O BOX 8		08/18/2017					Delow Officer (give title Other (specify below)				
Filed(I				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mont 08/21/20	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
SAINT PET	ERS, MO 633	76	08/21/20)1 /					Aore than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/18/2017			А	2,280 (1)	А	\$0	5,976	D		

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. Transactio Code (Instr. 8)	5. Number on f Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (Right to Buy)	\$ 35.25	08/18/2017		А	5,700	(2)	08/18/2027	Common Stock	5,700	

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
SADASIVAM SHAKER P O BOX 8 SAINT PETERS, MO 63376	Х							
Signatures								
/s/ Jeffrey W. Acre, Attorney-in-Fact	08/21/2017							
**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) These shares represent a restricted stock award granted to the reporting person pursuant to the II-VI Incorporated Amended and Restated 2012 Omnibus Incentive Plan. The award will vest in three equal annual installments beginning on August 18, 2018.
- (2) These options will vest in four equal annual installments beginning on August 18, 2018.

Remarks:

The sole purpose of this amendment is to file a related power of attorney that was inadvertently omitted from the original filing

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.