

COLUMBUS MCKINNON CORP
 Form 3
 March 03, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Address of Reporting Person * Â Morelli Mark D (Last) (First) (Middle) 205 CROSSPOINT PARKWAY (Street) GETZVILLE,Â NYÂ 14068 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/28/2017	3. Issuer Name and Ticker or Trading Symbol COLUMBUS MCKINNON CORP [CMCO]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President and CEO	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
---	--	--	--	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	22,305 ⁽¹⁾	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of		

	Effective Date	Expiration Date	Common Stock	Shares	\$	(I)	
				(2)		(Instr. 5)	D
Non-Qualified Stock Option (Right to Buy)	02/28/2018	02/27/2027	Common Stock	68,105	25.91		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Morelli Mark D 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068	Å X	Å	Å President and CEO	Å

Signatures

Mary C. O'Connor as Power of Attorney for Mark D. Morelli 03/03/2017

__Signature of Reporting Person
Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Represents restricted stock units issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part, units become fully vested and non-forfeitable 25% per year for four years beginning 02/28/2018, if reporting person remains an employee of issuer.
 - (2) Represents non-qualified stock options issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part; options become exercisable 25% per year for four years beginning 02/28/2018, if reporting person remains an employee of issuer.

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.