Edgar Filing: STEELCASE INC - Form 4

| Form 4 | | | | | | | | | | | |
|--|---------------------------------|--|------------------------------------|---|--|----------------|------------|---|--|---|--|
| FORM 4 UNITED STATES SECURITIES | | | | | | | | | OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STAT 6. | STATEMENT OF CHANGES IN 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 | | | | | | | burden hou response | Estimated average burden hours per response 0.5 | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| WOLTERS KATE P Sym | | | Symbol | 2. Issuer Name and Ticker or Trading mbol FEELCASE INC [NYSE: SCS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | | | - | .: SC | 2] | (Check all applicable) | | | |
| (M | | | (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2017 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | (Street) | (Street) 4. If Amen Filed(Mont | | | e Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| GRAND RA | APIDS, MI 493 | 508 | | | | | | Form filed by M Person | More than One R | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Ye | ear) Executi any | emed ion Date, if /Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, Amount | (A) o 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) | |
| Class A Common Stock | 03/10/2017 | | | A | 1,818 | | <u>(1)</u> | 63,615 | 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | | |
| WOLTERS KATE P STEELCASE INC. 901 44TH ST SE GRAND RAPIDS, MI 49508 | Х | | | | | | |
| Signatures | | | | | | | |
| Liesl A. Maloney, by power of attorney | . 03/14/2017 | | | | | | |
| **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) Not applicable.

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.