Edgar Filing: Rahm William D. - Form 4

| Form 4 | | | | | | | | | | | |
|--|--|---|---|------------|---|----------------|----------|--|--|---|--|
| April 01, 2019 | | | | | | | | T | OMB APPROVAL | | |
| | | | Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | |
| Check this if no longer subject to Section 16. Form 4 or | box statement of changes in Beneficial ownership of | | | | | | | | Expires: Estimated a burden hou response | rs per | |
| Form 5 obligations may contin <i>See</i> Instruct 1(b). | ue. Section 1 | 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 | | | | | | | | | |
| (Print or Type Re | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Rahm William D. | | | Issuer Name and Ticker or Trading Symbol Brixmor Property Group Inc. [BRX] Date of Earliest Transaction | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | SKAJ | | | | |
| (N | | | (Month/Day/Year) 04/01/2019 | | | | | X_Director10% Owner Officer (give title below) Other (specify below) | | | |
| (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| NEW YORK, | , NY 10017 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | ecuri | ties Aco | quired, Disposed o | f, or Beneficial | ly Owned | |
| | 2. Transaction I (Month/Day/Ye | ear) Executio any | emed on Date, if Day/Year) | Code | Disposed (Instr. 3, | (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) | |
| Common Stock | 04/01/2019 | | | А | 5,000 (1) | A | \$0 | 30,000 | 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) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna 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 | | | |
| Rahm William D. C/O BRIXMOR PROPERTY GROUP INC 450 LEXINGTON AVENUE NEW YORK, NY 10017 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Steven F. Siegel, by power of attorney | 04/01/2 | 2019 | | | | | |
| **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) Represents an award of restricted stock.

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.