Edgar Filing: Allegion plc - Form 4

Allegion plo	2										
Form 4											
August 04, 2	2015										
FORM	14		GEGU	DIFIE					OMB AF	PROVAL	
. •	••• UNITED	STATES					ANGE CO	OMMISSION	OMB	3235-0287	
Check th	his box		VV a	shington	i, D.C. 20	0549			Number:	January 31,	
if no lon	nger	IENT O	ГСНАР	NCES IN	PENE			FDSHIDOF	Expires:	2005	
	Section 16 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average			
Section Form 4		SECORITIES							burden hours per response 0.5		
Form 5	Filed put	suant to S	Section	16(a) of tl	he Securi	ities I	Exchange	Act of 1934,	10000100	0.0	
obligatio	$\frac{170}{170}$						•	1935 or Section	1		
may con <i>See</i> Instr		30(h)	of the In	nvestmen	t Compa	ny A	ct of 1940)			
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Reporting	Person *	2.1	N	1.7.1	T 1		5 Relationship of	Reporting Pers	on(s) to	
CHECCED MICHAEL I				2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		•	Allegion plc [ALLE]								
(I+)	(Einst)		• -	_			(Check all applicable)				
(Last)	(First) (Middle)		of Earliest T	ransaction			X Director	10%	Owner	
				(Month/Day/Year) 08/03/2015				Officer (give title Other (specify			
	9 N. PENNSYLV		00/02/1	-010				below)	below)		
STREET											
	(Street)		4. If Am	endment, D	ate Origin	al		6. Individual or Joi	int/Group Filin	g(Check	
			onth/Day/Yea	-			Applicable Line)				
								X Form filed by O			
CARMEL,	IN 46032							Form filed by M Person	ore man One Re	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.			cquired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if		oror Dispos			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(infolicity D)	uj/10ul)	(111541: 0)	(1151.0)			Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
0.1				Code V	Amount	(D)	Price	(instr. 5 and 4)			
Ordinary Shares	08/03/2015			Р	395	А	\$ 62.9699	3,325	D		
Shares							02.9099				

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of 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		Relationsh					
	Director	10% Owner	Officer	Other			
CHESSER MICHAEL J C/O SCHLAGE LOCK CO., LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032	х						
Signatures							
/s/ S. Wade Sheek, Attorney-In-Fact	08/04/20)15					
**Signature of Reporting Person	Date						
Explanation of Responses:							

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).

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.