Allegion plc Form 4 March 15, 2016

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

Ordinary

Shares

03/11/2016

(Print or Type Responses)

| 1. Name and Muhlenkan | Symbol | 2. Issuer Name and Ticker or Trading Symbol Allegion plc [ALLE] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|-----------------------|---------------------|---|--------------|---------------------------|---|---------------------------|--------------|--|--|
| (Last) | (First) (I | Middle) 3. Date | | Fransaction | (Ch | eck all applicable | , | | |
| C/O SCHL | ` | 03/11/2016 | | | X Officer (give title Other (specify | | | | |
| LLC, 1181 STREET | 9 N. PENNSYLV | ANIA | | | below) | below) r. Vice President | | | |
| | 4. If An | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | Filed(M | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CARMEL, | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) Ta | ble I - Non- | Derivative Securities Acq | quired, Disposed | of, or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Acquired | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution Date, if | Transact | ior(A) or Disposed of (D) | Securities | Ownership | Indirect | | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5) | Beneficially | Form: Direct | Beneficial | | |

(Instr. 8)

F

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

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.

SEC 1474

(9-02)

Owned

Following

Reported

Transaction(s) (Instr. 3 and 4)

13,873.19

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

147

(A)

D

Price

63.655

Ownership

(Instr. 4)

(D) or

Indirect (I)

(Instr. 4)

D

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| 1. Title o | of 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title | e and | 8. Price of | 9. Nu |
|------------|---------------|---------------------|--------------------|------------|------------|------------------|-------------|----------|----------|-------------|--------|
| Derivativ | ve Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ties | (Instr. 5) | Bene |
| | Derivative | | • | | Securities | | | (Instr. | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | ` |
| | | | | | 4, and 5) | | | | | | |
| | | | | | , , | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable Date | Title | Number | | | |
| | | | | | | | Duic | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Muhlenkamp Chris E C/O SCHLAGE LOCK CO. LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032

Sr. Vice President

Signatures

/s/ S. Wade Sheek, Attorney-In-Fact

03/15/2016

**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).

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.

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