## Edgar Filing: TRIUMPH GROUP INC - Form 4

TRIUMPH GROUP INC

Form 4 November 15	, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or	er <b>STATE</b> 5.					CIA	LOW	NERSHIP OF	Expires: Estimated a burden hou response	irs per	
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)										
1. Name and Address of Reporting Person *2. IssuerPalmer Adam JosephSymbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			TRIUM	MPH GROUP INC [TGI]				(Check all applicable)			
(Mo			(Month/D	3. Date of Earliest Transaction Month/Day/Year) 11/10/2016				_X_Director10% Owner Officer (give titleOther (specify below)below)			
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BERWYN, I	PA 19312								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	emed on Date, if /Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			))	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/10/2016			Code V A	Amount 5,035		Price \$ 0	(Instr. 3 and 4) 30,035	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	etion c ) I S ) S ( ) ( ) ( )	5. Number 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)	
			Code Y	V (	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Palmer Adam Joseph 899 CASSATT ROAD SUITE 210 BERWYN, PA 19312	Х							
Signatures								
John B. Wright, II, POA for Ad Palmer	lam J.	1	1/15/201	6				

\*\*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).

The reporting person received 5,035 restricted stock units, each unit representing the contingent right to receive one share of common stock. Forfeiture restrictions lapse on the restricted stock units on the first anniversary of the date of grant, unless earlier terminated as set

(1) forth in the Company's 2016 Directors' Equity Compensation Plan (the "Plan"). The award is contingent upon approval of the Plan by stockholders within the next twelve months and will be void if such approval is not obtained. The Company intends to present a proposal to approve the Plan at the 2017 Annual Meeting of Stockholders.

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.

9. Nt

Deriv

Secu

Bene Own Follo Repo Trans (Instr