Edgar Filing: GORMAN RUPP CO - Form 4

GORMAN R	RUPP CO										
Form 4											
July 08, 2013	3										
FORM	14								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Estimated average burden hours per		
	Section 16.				SECURITIES						
Form 4 or Form 5			~ .• •		a .				response	0.5	
obligation	• · · · ·						-	e Act of 1934,			
may conti	inue. Section 17	· · ·		•	U	· ·		1935 or Section	n		
See Instru	iction	30(n)	of the In	vestment	Compan	y Ac	t 01 194	0			
1(b).											
(Print or Type R	Responses)										
· • • •											
1. Name and A	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name and	Ticker or	Tradiı	ıg	5. Relationship of	Reporting Person(s) to		
HOAGLIN '	THOMAS E		Symbol	AN RUPP CO [GRC]				Issuer			
			GORM					(Chashall anglischis)			
(Last)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/D 43 PRESTON ROAD 07/01/20						X_ Director10% Owner Officer (give titleOther (specify					
			•								
								below)	below)		
(Street) 4. If Amer			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
Filed(Mon											
COLUMBL	S, OH 43209							Form filed by M	1 0		
COLUMBO	5, 011 45209							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-Do	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed		ned	3. 4. Securities Acquired				5. Amount of 6. Ownership 7. Nature of			
Security (Instr. 3)	(Month/Day/Year	n Date, if	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(1150.5)		any (Month/I	Day/Year)	(Instr. 8)				•		Ownership	
			-					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(
Common	07/01/2013			J (1)	1,000	А	\$ 31.97	22,866 <u>(2)</u>	D		
Stock							51.97				

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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			
HOAGLIN THOMAS E							
43 PRESTON ROAD	Х						
COLUMBUS, OH 43209							
Signatures							

Thomas E. Hoaglin BY: /s/David P. Emmens Attorney-in-Fact

**Signature of Reporting Person

Date

07/08/2013

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) Shares acquired through an exempt non-employee Directors' Compensation Plan.
- (2) Includes 17,375 shares acquired through an exempt non-employee Directors' Compensation Plan.

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.