## Edgar Filing: Identiv, Inc. - Form 4

Identiv, Inc.											
Form 4											
September 03	3, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	OMB APPROVAL			
Check this box if no longer STATEMENT OF CHANC				shington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF				Number: Expires:	3235-0287 January 31, 2005		
Section 16. Form 4 or				SECURITIES				Estimated average burden hours per response 0.5			
obligation may conti	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					1					
(Print or Type R	lesponses)										
Wenzel Daniel S.C. Symbol			er Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)		Earliest Tr	-			(Check	k all applicable	)	
39300 CIVIC CENTER DRIVE, 08/31/20 STE 160				ay/Year)				_X_ Director Officer (give below)	title Othe below)		
(Street) 4. If Ame			endment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mor FREMONT, CA 94538				-				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	L Non D	anivativa	Soone	itios A og		or Ponoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ate 2A. Deer r) Executio any		3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Di (Instr. 3,	ties Ad sposed	cquired d of (D)	uired, Disposed of 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	
Common Stock	08/31/2014			М	2,248	А	\$ 17.09	19,572	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	<u>(1)</u>	08/31/2014		М	2,248	(2)	(2)	Common Stock	2,248	\$

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
Reporting O wher I turn		Director	10% Owner	Officer	Other		
Wenzel Daniel S.C. 39300 CIVIC CENTER DI FREMONT, CA 94538	RIVE, STE 160	Х	Х				
Signatures							
/s/ Daniel S. C. Wenzel	09/03/2014						

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Each Restricted Stock Unit represents a contingent right to receive one share of Issuer's common stock.
- Restricted Stock Units granted pursuant to Issuer's 2011 Incentive Compensation Plan vesting in four equal quarterly installments
- (2) beginning 8/31/2014 with this first vesting, provided the grant becomes completely vested by the date of the 2015 Annual Stockholder Meeting. Vested shares will be delivered to the reporting person on the vesting date.

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.

\*\*Signature of Reporting

Person