Edgar Filing: Identiv, Inc. - Form 4

Identiv, Inc.										
Form 4										
September 0	3, 2014									
FORM	14		CE CLIP			~~~				PROVAL
. •	• • UNITED	STATES					NGE C	COMMISSION		3235-0287
Check the	is box		was	shington,	D.C. 20	549			Number:	January 31,
if no long	- STATE	MENT OF	CHAN	CFS IN	RENEE	СТА		NEDSHID OF	Expires:	2005
0	Subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average Section 16. SECURITIES burden hours per						•			
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Form 5	Filed pu	rsuant to S	ection 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	10000100	0.0
obligation may cont	ns Section 17						-	1935 or Section	n	
See Instru		30(h) o	of the In	vestment	Compan	y Ac	t of 194	0		
1(b).										
	,									
(Print or Type I	Responses)									
1 Name and A	Address of Reporting	Person *	2 1	. N	T: -1	T J		5. Relationship of	Reporting Pers	on(s) to
KREMEN (Symbol	Name and	Ticker or	Tradii	ng	Issuer	Reporting Pers	011(3) 10
			•	Inc. [INV	/E1					
(Least)	(First)			_	-			(Chec	k all applicable)
(Last)	(First)	` '	(Month/D	Earliest Tr	ansaction			X Director	10%	Owner
39300 CIVI	C CENTER		08/31/20	-				Officer (give		er (specify
DRIVE, #16	50		00/01/2					below)	below)	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filin	g(Check
	× /			nth/Day/Year	-			Applicable Line)		8(
								X Form filed by C		
FREMONT	, CA 94538							Person	Iore than One Re	porting
(City)	(State)	(Zip)	T 11	T N D		a	•.• •			
				e I - Non-D				uired, Disposed of		-
1.Title of	2. Transaction Da			3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct	
Security (Instr. 3)	(Month/Day/Year) Execution any	i Date, li	Transactio Code	(Instr. 3,			Beneficially	(D) or	Beneficial
((Month/D	ay/Year)	(Instr. 8)	(- /	Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						(A)		Reported Transaction(s)		
				Code V	Amount	or	Drigo	(Instr. 3 and 4)		
Common					Amount	(D)	Price \$			
Stock	08/31/2014			Μ	3,746	А	φ 17.09	4,755	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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	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	3,746	(2)	(2)	Common Stock	3,746	\$

Reporting Owners

Reporting Owner Name / Addr	ess	Relationsh	nips	
	Director	10% Owner	Officer	Other
KREMEN GARY 39300 CIVIC CENTER DRI #160 FREMONT, CA 94538	VE X			
Signatures				
/s/ Gary Kremen	09/03/2014			
<u>**</u> 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).
- (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 with this first vesting on 8/31/2014, 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.