Edgar Filing: Dorman Products, Inc. - Form 4

Form 4	ducts, Inc.										
September (03, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL OMB 3235-0287 Number:				
Check th if no lon	Ger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005	
subject t Section Form 4 o	16. or									Estimated average burden hours per response 0.8	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	Public U	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940								
(Print or Type	Responses)										
DARBY JEFFERY Symbol			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Dorman	Products	, Inc. [D	ORN	1]	(Check all applicable)			
	(First) IAN PRODUCT EAST WALNU		3. Date of (Month/D 09/02/20	-	ansaction			Director X Officer (give below) SVP, Sa		Owner er (specify ing	
	(Street)	(Street) 4. If Ame Filed(Mon				1		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
COLMAR,	PA 18915							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date (Instr. 3) any		n Date, if	Code (Instr. 3, 4 and 5) ear) (Instr. 8) (A)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	09/02/2014			Code V S	Amount 1,000	or (D) D	Price \$ 44.98	(Instr. 3 and 4) 25,370	D		
Common Stock								1,775 <u>(1)</u>	I	By 401(k)	

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.

Edgar Filing: Dorman Products, Inc. - Form 4

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DARBY JEFFERY C/O DORMAN PRODUCTS, INC. 3400 EAST WALNUT STREET COLMAR, PA 18915			SVP, Sales and Marketing				
Signatures							
/s/ Thomas J. Knoblauch, by Power of Attorney		09/03/2014					
**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 shares are represented by units held in a unitized stock fund through the Issuer's 401(k) Retirement Plan and Trust. The unitized stock fund of the Issuer's 401(k) Retirement Plan and Trust consists of cash and Common Stock in amounts that vary from time to time.

(1) As of June 28, 2014, the reporting person had 1,152 units in the Issuer's 401(k) Retirement Plan and Trust, which units consisted of 1,775 shares of Common Stock.

Remarks:

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes

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.