## Edgar Filing: Lenehan William H - Form 4

Lenehan Will	liam H												
Form 4	010												
January 12, 2	_												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO									COMMISSION	т	OMB APPROVAL		
UNITED STATES					SECURITIES AND EXCHANGE CO. Washington, D.C. 20549					OMB Number:	3235-0287		
Check thi if no long	or	ox									January 31, 2005		
subject to Section 10 Form 4 or	<b>51A</b> 6.	STATEMENT OF CHANGES IN BENEF								Estimated average burden hours per response 0.			
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section	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											
(Print or Type R	lesponses)												
1. Name and Address of Reporting Person <u>*</u> Lenehan William H				2. Issuer Name <b>and</b> Ticker or Trading Symbol Four Corners Property Trust, Inc. [FCPT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
C/O FOUR TRUST, INC HIGHWAY,	C., 591 RED	WOO		(Month/Da 01/12/20	-				below)	below) sident and CEO			
					If Amendment, Date Original ed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
MILL VALI	LEY, CA 94	941							Person	viore than One Ro	eporting		
(City)	(State)	(2	Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dea (Month/Day/Year) Executi any (Month			3. Transactio Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
					Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	01/12/201	8			J	583 <u>(1)</u>		<u>(1)</u>	153,834	D			
Common Stock	01/12/201	8			J	556 <u>(2)</u>	А	<u>(2)</u>	154,390	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.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Lenehan William H C/O FOUR CORNERS PROPERTY TRUST, INC. 591 REDWOOD HIGHWAY, SUITE 1150 MILL VALLEY, CA 94941	Х		President and CEO			
Signatures						
/s/ James L. Brat as Attorney-in-Fact for William H. Lenehan	01/12/2018					
<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).

Represents dividend equivalent rights that accrued on a restricted stock unit award pursuant to the dividend reinvestment feature of the (1) award. Each dividend equivalent right is the economic equivalent of one share of the registrant's common stock and is settled in common stock.

(2) Represents dividend that accrued on a restricted stock award pursuant to the dividend reinvestment feature of the award.

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.