Edgar Filing: GRAVES JEFFREY A - Form 4

GRAVES JE	EFFREY A											
Form 4	0											
July 31, 201									OMB AF	PROVAL		
					ITIES AND EXCHANGE COMMISSION hington, D.C. 20549					3235-0287		
Check this box if no longer subject to Section 16.				IGES IN BENEFICIAL OWNERSHIP SECURITIES					Expires:	January 31, 2005		
								NERSHIP OF	Estimated a burden hour	verage		
Form 4 or								response	0.5			
	Form 5 obligations Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Helding Company: Act of 1025 or Section											
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section See Instruction 1(b).												
(Print or Type]	Responses)											
GRAVES JEFFREY A Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			EL CORP /DE/ [HXL]				(Check	all applicable)				
				/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
			endment, Date Original				6. Individual or Joint/Group Filing(Check					
				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
		(7:						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (Instr. 3, Amount	sposed	d of (D) 5) Price	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 Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/27/2018			Р	1,550	A	\$ 68.998	3,000	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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						
1	Director	10% Owner	Officer	Other			
GRAVES JEFFREY A HEXCEL CORPORATION 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	Х						
Signatures							
/s/ Steven A. Wein, as attorney-in-fact for Graves	A.	07/31/2018					
** Signature of Reporting Person				Date			
Evaluation of Boonon	0001						

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).

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.