Edgar Filing: BUDNICK NEIL G - Form 4

BUDNICK N	NEIL G											
Form 4												
December 14	4, 2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									-	3 APPROVAL		
	UNITI	ED STATE		shington,			IGE (COMMISSION	OMB Number:	3235-0287		
Check thi	is box		vv as	anngton,	D.C. 203	49				January 31,		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWN				NERSHIP OF	Expires:	2005		
subject to Section 1)		SECURITIES				Estimated average burden hours per					
Form 4 or									response	•		
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligation may cont				•	•			f 1935 or Sectio	n			
See Instru		30(h) of the In	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type F	Responses)											
BUDNICK NEIL G Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				nation Services Group Inc. [III]								
(Last)	(First)	(Middle)		Earliest Tra		1		(Chec	k all applicable	e)		
			/Day/Year)			X_ Director 10% Owner						
			12/12/20	-			Officer (give title Other (specify below)					
TRESSER BOULEVARD						below)	below)					
			ndment, Date Original			6. Individual or Joint/Group Filing(Check						
			onth/Day/Year)				Applicable Line)					
STAMFORD, CT 06901									X_ Form filed by One Reporting Person Form filed by More than One Reporting			
STAMPOR	D, C1 00701							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				6. Ownership	7. Nature of		
Security	• •		on Date, if	Transaction(A) or Disposed of				Form: Direct				
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	(D) (Instr. 3, 4 and 5)			2	(D) or Indirect (I)	Beneficial Ownership		
((instr. o) (instr. o, i und o)			Following	(Instr. 4)	(Instr. 4)				
						(A)		Reported Transaction(s)				
				a		or		(Instr. 3 and 4)				
Shares of				Code V	Amount	(D)	Price					
Common	12/12/2017			A <u>(1)</u>	25,822	А	\$ 0 (1)	274,014	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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						
	Director	10% Owner	Officer	Other			
BUDNICK NEIL G TWO STAMFORD PLAZA 281 TRESSER BOULEVARD STAMFORD, CT 06901	Х						
Signatures							
David E. Berger, as attorney-in-fact		12/14/2017					
<u>**</u> Signature of Reporting Person		Date					
Evelopetion of De							

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) Grant of restricted stock units which vest in 3 equal installments on each of the first, second and third anniversaries of December 12, 2017 (or earlier in the event of a change of control of ISG or such director's death or disability).

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.