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OMNICEL Form 4	L, Inc										
November	18, 2016										
										OMB APPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16.				IGES IN	I BENEI	FICI	AL OWN	ERSHIP OF	Expires:	January 31, 2005	
				SECURITIES					Estimated a burden hour		
								0.5			
(Print or Type	Responses)										
JOHNSTON DAN S Symbol								5. Relationship of Reporting Person(s) to Issuer			
(1 4)	(Einst)			ICELL, Inc [OMCL]				(Check all applicable)			
(Last)	(First) (1	Middle)		of Earliest Transaction Day/Year)				Director		Owner	
C/O OMNICELL, INC., 590 11/18/2 E.MIDDLEFIELD				/2016 -				_X_ Officer (give title Other (specify below) below) EVP-Chief Legal & Admin Off			
				fonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu		Person ired, Disposed of,	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed			4. Secur ord Dispo (Instr. 3,	ities A osed of 4 and (A) or	cquired (A) (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Common Stock				Code v	Amount	(D)	Price	58,877	D		
Common Stock	11/18/2016			S	6,000 (2)	D	\$ 33.6433 (1)	52,877	D		
Common Stock	11/18/2016			М	2,850 (2)	А	\$ 0	55,727	D		
Common Stock	11/18/2016			S	2,850 (2)	D	\$ 33.6604 (3)	52,877	D		

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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)

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
NQ Stock Options (right to buy)	\$ 14.1	11/18/2016		М	2,850 (2)	02/02/2012	02/02/2021	Common Stock	2,850

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
JOHNSTON DAN S C/O OMNICELL, INC. 590 E.MIDDLEFIELD MOUNTAIN VIEW, CA 94043			EVP-Chief Legal & Admin Off					

Signatures

/s/ Dan S. Johnston **Signature of Date

Reporting Person

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 price reported in Column 4 is a weighted average price. These shares were sold between \$33.45 to \$33.95. The reporting person undertakes to provide to Omnicell, Inc., any security holder of Omnicell, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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- (2) The Sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- The price reported in Column 4 is a weighted average price. These shares were sold between \$33.50 to \$33.90. The reporting person(3) undertakes to provide to Omnicell, Inc., any security holder of Omnicell, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.