Synacor, Inc. Form 4 February 21, 2017

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 30(h) of the Investment Company Act of 1940

C/O SYNACOR, INC., 40 LA

RIVIERE DRIVE. SUITE 300

BUFFALO, NY 14202

(City)

1. Title of

Security

(Instr. 3)

(Street)

(State)

(Month/Day/Year)

Filed(Month/Day/Year)

2. Issuer Name and Ticker or Trading

Symbol

Synacor, Inc. [SYNC] 3. Date of Earliest Transaction

(Month/Day/Year) 02/16/2017

4. If Amendment, Date Original

3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

(Instr. 3 and 4) Code V Amount (D) Price

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.

1. Title of Derivative

Conversion

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person *

Bhise Himesh

(First) (Last)

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

(Check all applicable)

_X__ Director 10% Owner

5. Relationship of Reporting Person(s) to

Other (specify X_ Officer (give title below) below)

Chief Executive Officer 6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

5. Amount of

Securities

Beneficially

Issuer

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Owned Following Reported Transaction(s)

Ownership (I) (Instr. 4) (Instr. 4)

6. Ownership

Form: Direct

(D) or Indirect Beneficial

SEC 1474 (9-02)

7. Nature of

Indirect

Security

or Exercise

Securities

(Month/Day/Year)

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8 | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|---|------------------------------------|------------|------------------|-----------|---|---|-----|---------------------|--------------------|-----------------|----------------------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount Number Shares |
| Employee Stock Option (right to purchase) | \$ 3.15 | 02/16/2017 | | A | | 232,100 | | <u>(1)</u> | 02/15/2027 | Common Stock | 232,10 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| . 8 | Director | 10% Owner | Officer | Other | | | |
| Bhise Himesh C/O SYNACOR, INC. 40 LA RIVIERE DRIVE, SUITE 300 BUFFALO, NY 14202 | X | | Chief Executive Officer | | | | |

Date

Signatures

/s/ William J. Stuart, attorney-in-fact 02/21/2017 **Signature of 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).
- 100% of the option is exercisable on the date of grant. Shares purchased upon exercise of the option are subject to repurchase by the (1) Issuer until vested. 25% of the shares subject to the option vest on March 1, 2018 and an additional 1/48th of the shares subject to the option will vest each month thereafter, subject to the Reporting Person's continuous service through such dates.

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.

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