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PIPER JAFFRAY COMPANIES

Form 4 May 14, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

January 31, Expires:

OMB APPROVAL

2005

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * JOHNSON B KRISTINE | | ing Person * | 2. Issuer Name and Ticker or Trading Symbol PIPER JAFFRAY COMPANIES [PJC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|--|-------------|--------------|---|---|--|--|--|
| (Last) 901 MARQU SUITE 1810 | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2015 | _X_ Director 10% Owner Officer (give title below) — Other (specify below) | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MINNEAPO | LIS, MN 554 | 102 | | Form filed by More than One Reporting Person | | | |

| | | | Torson |
|--------|---------|-------|--|
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |

| | | | | | | | | - · · - | | • | |
|--------------------------------------|--------------------------------------|---|---|---|--------|------------------|-------|--|--|---|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 05/13/2015 | | A | | 1,425 | A | \$0 | 11,585 | D | | |
| Common Stock | | | | | | | | 1,200 | I | By IRA | |
| Common Stock | | | | | | | | 4,330 | I | By B. Kristine Johnson Trust | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amour | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|---|-------------------------------|--------------------|-------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Montal Day) Teal) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Underl Securit | ying | Security (Instr. 5) | Secur 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

Director 10% Owner Officer Other

JOHNSON B KRISTINE
901 MARQUETTE AVENUE, SUITE 1810 X
MINNEAPOLIS, MN 55402

Signatures

/s/ John W. Geelan for B. Kristine Johnson

05/14/2015

**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).

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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