Edgar Filing: LOWES COMPANIES INC - Form 4

LOWES COMPA Form 4 April 03, 2017	NIES INC								
FORM 4	UNITED	STATES					COMMISSIO	-	APPROVAL 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Washington, D.C. 20549 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							Expires: Estimated burden ho response.	urs per
(Print or Type Respon	nses)								
1. Name and Address of Reporting Person <u>*</u> Braly Angela F			2. Issuer Name and Ticker or Trading Symbol LOWES COMPANIES INC [LOW]			5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 1000 LOWE'S BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017			(Check all applicable) <u>X</u> Director <u>Officer (give title</u> <u>below</u>) <u>Director</u> <u>below</u>)			
(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 Form filed by More than One Reporting 			
(City) (States)	2, INC 20117 State)	(Zip)	Tab	lo I - Non-D	orivotivo	Sacuritias A	Person cquired, Disposed		
	nsaction Date th/Day/Year)	2A. Deemed Execution E any (Month/Day	l Date, if	3. Transaction Code	4. Securiti Acquired Disposed (Instr. 3, 4	es (A) or of (D)	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
Reminder: Report on	a separate line	for each clas	ss of secu	urities benefi	Perso inform requir	ns who rest nation cont ed to respo ys a curren	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security		Disposed of (D) (Instr. 3, 4, and 5)							
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock (1)	<u>(2)</u>	03/31/2017	А		319.304		(2)	(2)	Common Stock	319.304

Other

Reporting Owners

Reporting Owner Name / Address

Relationships

	Director	10% Owner	Officer
Dealer Angola E			

Braly Angela F 1000 LOWE'S BOULEVARD X MOORESVILLE, NC 28117

Signatures

By: /s/ Sandra Felton by power of attorney For: Angela F. Braly

**Signature of Reporting Person

04/03/2017

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).
- (1) Represents the credit of deferred compensation to the Reporting Person's deferred stock account under the Issuer's Directors' Deferred Compensation Plan.
- (2) Each share of phantom stock is the economic equivalent of one share of common stock. The Reporting Person becomes entitled to the cash value of the phantom stock upon ceasing to be a director of the Issuer.
- (3) Includes the credit of dividends to the Reporting Person's deferred stock account under the Issuer's Directors' Deferred Compensation Plan.

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.