Edgar Filing: Allegion plc - Form 4

| Allegion plc | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|
| Form 4 | 0016 | | | | | | | | | |
| February 24, | _ | | | | | | | | | |
| FORM | 4 UNITE | SECHE | DITIES A | ND FY | сна | NCF | COMMISSION | OMB APPROVAL | | |
| Check thi | | DSTATES | | shington, | | | | .01411411651014 | OMB Number: | 3235-0287 |
| Check thi if no long subject to Section 10 Form 4 ou Form 5 obligatior may conti <i>See</i> Instru 1(b). | er STAT 6. Filed p inue. Section 1 | 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 | | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type R | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Shannon Patrick S | | | 2. Issuer Name and Ticker or Trading Symbol Allegion plc [ALLE] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
| | (First) AGE LOCK CO N PENNSYL | | 3. Date of (Month/E 02/22/2 | - | ansaction | | | Director X Officer (give below) | 10% | Owner er (specify |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CARMEL, I | N 46032 | | | | | | | Form filed by M Person | Iore than One Re | porting |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | d 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) | |
| Ordinary Shares | 02/22/2016 | | | F | 392 | D | \$ 60.24 | 44,054.423 | 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | 7. Titl Amou Under Secur (Instr. | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | | | |
| Shannon Patrick S C/O SCHLAGE LOCK CO., LLC 11819 N PENNSYLVANIA STREET CARMEL, IN 46032 | | | Sr. V. President & CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ S. Wade Sheek, Attorney-In-Fact | 02/24/20 | 016 | | | | | | |
| **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.