Edgar Filing: Vojvodich Lynn M - Form 4

Vojvodich Lyn Form 4	in M												
September 06,	2018												
FORM	4 INITED	STATES	SECU	DITIES	A NI	n ev	СЦАТ	NCE	COMMISSIO	NI		PPROV	۹L
	UNITED	STATES		shingto				NGE	COMMISSIO	1	OMB Number:		-0287
Check this b if no longer subject to Section 16. Form 4 or Form 5	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES									Expires: Januar Estimated average burden hours per response		
obligations may continu <i>See</i> Instructi 1(b).	Bection 17((a) of the H	Public U		oldir	ng Coi	npany	Act	nge Act of 1934, of 1935 or Secti 940				
(Print or Type Res	ponses)												
1. Name and Address of Reporting Person <u>*</u> Vojvodich Lynn M			2. Issuer Name and Ticker or Trading Symbol FORD MOTOR CO [F]					ıg	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle) 3. Date of Earliest Trai			Tran						ck all applicable)			
ONE AMERICAN ROAD			(Month/Day/Year) 09/04/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person					
DEARBORN,	MI 48126								Form filed by Person	/ Moi	re than One Ro	eporting	
(City)	(State)	(Zip)	Tab	le I - Non	-Der	ivative	Securi	ties A	cquired, Disposed	of, o	or Beneficia	lly Owne	d
	Transaction Date Ionth/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transacti Code (Instr. 8) Code V	ionAo Di (Iı	isposed nstr. 3,	(A) or of (D) 4 and 5 (A) or) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Dwnership rm: Direct o or Indirect str. 4)	7. Nature Indirect Benefici Ownersh (Instr. 4)	al 1ip
Dominder: Der	on o con	for a - 1 1					. ,		n in dinaatlee				
Reminder: Report	on a separate line	e ior each cla	ass of sec	urities ben	101101	Perso inforr requi	ons wh nation red to ays a c	o res conta respo	r indirectly. pond to the colle ained in this form and unless the fo thy valid OMB co	n ar orm	e not	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	6. Date Exercisable and	7. Title and Amount of	8. Price c
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactionof		Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr. 5)

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	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Ford Stock Units	<u>(1)</u>	09/04/2018	A <u>(1)</u>		548		<u>(1)</u>	<u>(1)</u>	Common Stock, \$0.01 par value	548	\$ 0 <u>(1)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer Other					
Vojvodich Lynn M ONE AMERICAN ROAD DEARBORN, MI 48126	Х							
Signatures								
Jerome F. Zaremba, Attorney-in-Fact		09/06/201	8					
<u>**</u> 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).

These Ford Stock Units result from dividend equivalents credited to my account by the Company, without payment by me, under the
 (1) Company's 2014 Stock Plan for Non-Employee Directors. In general, these Ford Stock Units will be converted into shares of Ford common stock and distributed to me, without payment, following termination of Board service.

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.