COLLINS ARTHUR D JR

Form 4 October 03, 2018

FORM 4

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

OMB 3235-0287

Estimated average

burden hours per

Check this box if no longer subject to Section 16.

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

Number: January 31, Expires: 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

response...

See Instruction 1(b).

Common

Stock

10/02/2018

(Print or Type Responses)

| 1. Name and Address of Reporting Person * COLLINS ARTHUR D JR | | | 2. Issuer Name and Ticker or Trading Symbol | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
|---|---------------------|-------------|--|-----------|-------------|--|-------------|---|------------------|--------------|--|
| | | | Arconic Inc. [ARNC] | | | | | (Check all applicable) | | | |
| (Last) | (First) | Middle) 3 | 3. Date of Earliest Transaction | | | | | | | | |
| | | (1) | Month/Day/ | /Year) | | | | _X_ Director | | Owner | |
| 390 PARK AVENUE | | | 10/02/2018 | | | Officer (give below) | er (specify | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| NEW YORK,, NY 10022 | | | Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | | | | | | i cison | | | |
| (City) | (State) | (Zip) | Table I | - Non-D | erivative S | Securi | ties Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | e 2A. Deeme | ed 3. | | 4. Securit | ies Ac | quired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year | Execution I | Date, if T | ransactio | n(A) or Di | sposed | of (D) | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | | Code | (Instr. 3, | 4 and 5 | 5) | Beneficially | (D) or | Beneficial | |
| | | (Month/Day | ıy/Year) (I | Instr. 8) | | | | Owned | Indirect (I) | Ownership | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Transaction(s) | | | |
| | | | | | | or | ъ. | (Instr. 3 and 4) | | | |
| | | | C | 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 SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

42,876

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

1,644

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| 1. Title of | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. | 6. Date Exercisabl | | 7. Title and | 8. Price of | 9. Nu Doris |
|--------------------------------------|---|--------------------------------------|---|---------------------------------|--|------------------------------|---|---|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 |) | Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | , | Date Exp Exercisable Date | | Title Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| r g | Director | 10% Owner | Officer | Other | | | |
| COLLINS ARTHUR D JR | | | | | | | |
| 390 PARK AVENUE | X | | | | | | |
| NEW YORK,, NY 10022 | | | | | | | |

Signatures

/s/ Margaret Lam (Assistant Secretary), by power of attorney 10/03/2018

**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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