Edgar Filing: SNAP-ON Inc - Form 4

SNAP-ON Form 4 August 01, 2										
OMB APPROVAL										
Washington, D.C. 20549							SION	OMB Number:	3235-0287	
Check the check	ger						OF	Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWN SECURITIES				Estimated average		
Section 16. SECURITIES Form 4 or								burden hours per response 0.5		
Form 5 obligation	-					hange Act of 19				
may con	tinue. Section 17(a)		•	•	- ·	ct of 1935 or Set 1940	ection	1		
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).										
(Print or Type	Responses)									
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading					5. Relations	5. Relationship of Reporting Person(s) to				
HOLDEN.	ol		Issuer	Issuer						
	SNAP-ON Inc [SNA]				(Check all applicable)					
(Last)	(First) (Mi		te of Earliest T th/Day/Year)	ransaction	l	_X_ Direct	tor	10%	Owner	
SNAP-ON	9/2016	Office	Officer (give title Other (specify							
80TH STR	EET					below)		below)		
			Amendment, D		6. Individual or Joint/Group Filing(Check					
Filed(Mo				ur)			Applicable Line) _X_ Form filed by One Reporting Person			
KENOSHA, WI 53143 Form filed by More than One Reporting Person										
(City)	(State) (Z	Zip)	fable I - Non-	Derivative	Securitie	s Acquired, Dispo	sed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date		3.		ties Acqui		of	6.	7. Nature of	
Security (Instr. 3)		Execution Date, any	f Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	1	Indirect Beneficial	
((Month/Day/Ye					Owned		Ownership	
						Following Reported		or Indirect (I)	(Instr. 4)	
					(A) or	Transactio		(Instr. 4)		
Com			Code V	Amount		Price (Instr. 3 an				
Common Stock	07/29/2016		A <u>(1)</u>	75	A ^{\$} 15	$ \begin{array}{r} 16,768.3 \\ 7.17 \underline{^{(2)}} \end{array} $	262	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(3)					(4)	(4)	Common Stock	9,607	

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips					
I B	Director	10% Owner	Officer	Other				
HOLDEN JAMES P SNAP-ON INCORPORATED 2801 80TH STREET KENOSHA, WI 53143	Х							
Signatures								
/s/ Ryan S. Lovitz under Power Holden		08/01/2016						
<u>**</u> Signature of Rej			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) Payment of fees in stock under the Company's Directors' 1993 Fee Plan.
- (2) Includes 57.3562 shares acquired under a dividend reinvestment plan.
- (**3**) 1 for 1.
- (4) All restrictions lapse upon the earliest of retirement from the Board, death or a change in control; the reporting person will receive the underlying shares in one lump sum upon the earliest of the reporting person's 70th birthday, death or a change in control.

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.