Edgar Filing: ITRON INC /WA/ - Form 4

| Form 4 | | | | | | | | | | |
|--|---|---|--|------------------------|---|----------|--|--|---|--|
| April 05, 2016 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION 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 | | | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: 2005 Estimated average burden hours per response 0.5 n | | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ac Pelino Danie | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last)(First)(Middle)3. Date of (Month/Da2111 NORTH MOLTER ROAD04/01/20 | | | - | | | | (Check all applicable) <u>X</u> Director Officer (give title <u>10%</u> Owner below) <u>Director</u> <u>10%</u> Owner <u>Director</u> <u>10%</u> Owner <u>Director</u> <u>Director</u> <u>10%</u> Owner <u>Director</u> <u>Director</u> <u>Di</u> | | | |
| | | | ndment, Date Original th/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 | | | |
| LIBERTY L | AKE, WA 99019 | | | | | | Person | More than One Re | eporung | |
| (City) | (State) (Z | Zip) Table | e I - Non-De | erivative S | ecuri | ties Aco | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) o 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 Beneficial Ownership (Instr. 4) | |
| Common Stock | 04/01/2016 | | А | 597 | А | \$0 | 5,319 | 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) | 4. Transact Code (Instr. 8) | of | | | | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|-------|-----|---------------------|--------------------|-------|--|---|--|
| | | | Code V | 7 (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Pelino Daniel S 2111 NORTH MOLTER ROAD LIBERTY LAKE, WA 99019 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Marilyn R. Hill, attorney-in-fact for Pelino | 04/05/2016 | | | | | | | |
| <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).

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.