## Edgar Filing: LEYDEN TIMOTHY M - Form 4

| LEYDEN TIN  | MOTHY M                        |                    |                                   |  |                |              |  |   |                 |             |  |  |
|---|--------------------------------|--------------------|-----------------------------------|--|----------------|--------------|--|---|-----------------|-------------|--|--|
| Form 4  |                                |                    |                                   |  |                |              |  |   |                 |             |  |  |
| October 04, 2   | 017                            |                    |                                   |  |                |              |  |   |                 |             |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION                   |                                |                    |                                   |  |                |              |  | OMB APPROVAL  |                 |             |  |  |
|   | UNITE                          | DSIAIE             |                                   | hington, 1   |                |              | NGE  |   | OMB<br>Number:  | 3235-0287   |  |  |
| Check this  |                                |                    | v v us.                           |  |                |              |  |   | Expires:        | January 31, |  |  |
| if no longer<br>subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C |                                |                    |                                   |  |                | NERSHIP OF   | ·  | 2005  |                 |             |  |  |
|   | Section 16. SECURITIES         |                    |                                   |  |                |              | Estimated average<br>burden hours per                                |   |                 |             |  |  |
| Form 4 or   |                                |                    |                                   |  |                |              | response 0.5   |   |                 |             |  |  |
| Form 5<br>obligation  |                                | •                  |                                   |  |                |              | -  | ge Act of 1934,   |                 |             |  |  |
| may contin<br><i>See</i> Instruct<br>1(b).                                | nue. Section                   |                    | of the Inv                        | •  | •              | - ·          |  | f 1935 or Sectio<br>40  | n               |             |  |  |
| (Print or Type R  | esponses)                      |                    |                                   |  |                |              |  |   |                 |             |  |  |
| LEYDEN TIMOTHY M Symbol ITRON   |                                |                    | Symbol                            | Name and   |                | Гradin       | g  | 5. Relationship of Reporting Person(s) to Issuer  |                 |             |  |  |
|   |                                |                    |                                   |  |                |              |  | (Check all applicable)  |                 |             |  |  |
| (Mont   |                                |                    |                                   | Earliest Tra   | nsaction       |              |  | _X_Director10% Owner<br>Officer (give titleOther (specify<br>below)below)                           |                 |             |  |  |
|   |                                |                    | 10/02/20                          | -  |                |              |  |   |                 |             |  |  |
| (Street) 4. If Ame  |                                |                    | 4. If Amer                        | endment, Date Original   |                |              |  | 6. Individual or Joint/Group Filing(Check   |                 |             |  |  |
| Filed(Mor<br>LIBERTY LAKE, WA 99019                                       |                                |                    |                                   | th/Day/Year)   |                |              |  | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |                 |             |  |  |
|   | AKL, WA                        | 017                |                                   |  |                |              |  | Person  |                 |             |  |  |
| (City)  | (State)                        | (Zip)              | Table                             | e I - Non-Do   | erivative S    | Securi       | ties Ac  | quired, Disposed of   | f, or Beneficia | lly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                      | 2. Transaction<br>(Month/Day/Y | ear) Execution any | emed<br>on Date, if<br>/Day/Year) | Date, if TransactionAcquired (A) or<br>Code Disposed of (D)<br>y/Year) (Instr. 8) (Instr. 3, 4 and 5)<br>(A) |                | Beneficially | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                                   |                 |             |  |  |
| Common  |                                |                    |                                   | Code V   | Amount         | or<br>(D)    | Price  | (Instr. 3 and 4)  |                 |             |  |  |
| Common<br>Stock   | 10/02/2017                     |                    |                                   | А  | 320 <u>(1)</u> | А            | \$0  | 7,008   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5. 6. Date Exercisable<br>of Expiration Date<br>of (Month/Day/Year<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |    | ate                 | Amou<br>Under<br>Secur | . Title and 8. Price<br>mount of Derivat<br>Inderlying Securit<br>ecurities (Instr. 5<br>Instr. 3 and 4) |  |  |  |
|---|---|---|---------------------------------------|--|----|---------------------|------------------------|--|--|--|--|
|   |   |   | Code V                                | 4, and 5   | D) | Date<br>Exercisable | Expiration<br>Date     | Title  | Amount<br>or<br>Number<br>of<br>Shares |  |  |

## **Reporting Owners**

| Reporting Owner Name / Address                                       | Relationships |           |         |        |  |  |  |  |  |
|--|---------------|-----------|---------|--------|--|--|--|--|--|
|  | Director      | 10% Owner | Officer | Other  |  |  |  |  |  |
| LEYDEN TIMOTHY M<br>2111 NORTH MOLTER ROAD<br>LIBERTY LAKE, WA 99019 | Х             |           |         |        |  |  |  |  |  |
| Signatures   |               |           |         |        |  |  |  |  |  |
| /s/ Kramer B. Ortman, attorney-in-fact for Mr.                       |               |           |         |        |  |  |  |  |  |
| Leyden   |               |           | 10/0    | 4/2017 |  |  |  |  |  |
| <b>**</b> Signature of Reporting Per                                 | son           |           |         | 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) Reflects the grant of common stock equal to approximately \$25,000 that independent members of Itron's board of directors receive quarterly as part of their annual compensation for 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.