Edgar Filing: PHH CORP - Form 4

PHH CORP												
Form 4												
April 02, 201	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									-	OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31,		
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Estimated a	2005 average		
Section 16				SECUR	ITIES				irs per			
Form 4 or Form 5			C	$(\cdot) = f_{+} + i_{-}$	C	F .	. 1	6 1024	response	response 0.5		
obligation	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934,				
may conti	nue.		of the Inv	•	•	- ·		of 1935 or Sectio)[]			
See Instru- 1(b).	ction	50(11)	of the my	vestment	compan.	y Act	. 01 1 7					
1(0).												
(Print or Type R	esponses)											
					5. Relationship of Reporting Person(s) to							
EGAN JAM	ES O		Symbol					Issuer				
РНН СС				CORP [PHH]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(-)		
				Day/Year)				_X_ Director10% Owner				
C/O PHH CORPORATION, 3000 03/31/20 LEADENHALL ROAD			015				Officer (give below)	below)	er (specify			
LEADENHA	ALL ROAD											
	(Street)			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
							lore than One Reporting					
MIT. LAUKE	EL, INJ 06034							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Execution Date, if			TransactionAcquired (A) or				Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month)	Dou/Voor)	CodeDisposed of (D)Vear)(Instr. 8)(Instr. 3, 4 and 5)				· · ·	(D) or Indirect (I)	Beneficial Ownership (Instr. 4)		
		(WOIIII)	/Day/Year)					Following	(Instr. 4)			
						(A)		Reported	· · ·	`		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	03/31/2015			А	1,872	А	\$0	40,380 (2)	D			
Stock					(1)		÷ Ū	-,				

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	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
EGAN JAMES O C/O PHH CORPORATION 3000 LEADENHALL ROAD MT. LAUREL, NJ 08054	Х						
Signatures							
William F. Brown, Attorney-in-Fact		04/02/2015	í				
<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).
- (1) Represents shares of common stock underlying vested restricted stock units ("RSUs"). Each RSU represents the right to receive one share of PHH Corporation common stock that will be issued upon termination of service from the Board of Directors.
- (2) All shares reported in Column 5 are subject to the PHH Corporation Non-Employee Director and Employee Share Ownership and Retention Policy.

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.