Edgar Filing: PHH CORP - Form 4

PHH CORP											
Form 4											
April 02, 201	5										
FORM	Δ								-	PPROVAL	
	UNIII	ED STATI		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no long subject to	STAT	EMENT (OF CHAN	GES IN BENEFICIAL OW				NERSHIP OF		mated average	
Section 16.				SECURITIES					burden hou	0	
Form 4 or								response	0.5		
Form 5 obligation								ge Act of 1934,			
may conti				•	•	- •		f 1935 or Sectio	n		
See Instru	ction	30(1	h) of the In	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(The of Type is	(csponses)										
1. Name and A	ddress of Repor	ting Person *	2 Issuer	Name and	Ticker or '	Fradin	σ	5. Relationship of	Reporting Person(s) to		
Reif Deborah M Symbol				. Issuer Name and Ticker or Trading mbol IH CORP [PHH]				Issuer	1 0		
				3. Date of Earliest Transaction				(Check all applicable)			
(Last)	(11150)	(Midule)			ansaction			X Director	109	6 Owner	
				/onth/Day/Year) 3/31/2015				Officer (give titleOther (specify			
LEADENHA			00/01/20	,10				below)	below)		
	(Street)		4 If Ame	ndment Da	te Original			6 Individual or I	oint/Groun Fili	ng(Check	
· · · · · · · · · · · · · · · · · · ·				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
Thea					, 			_X_ Form filed by One Reporting Person			
MOUNT LA	UREL, NJ 0	8054						Form filed by M Person	Aore than One R	eporting	
	(Stata)	(7:n)						1 013011			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security			tion Date, if	onAcquired (A) or				Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Mont	th/Dav/Year)	CodeDisposed of (D)u/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				Owned	()	Ownership	
		X -	,,,					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	03/31/2015			А	1,396 (1)	А	\$0	24,983 (2)	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. Transactio 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 Owne 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			
Reif Deborah M C/O PHH CORPORATION 3000 LEADENHALL ROAD MOUNT LAUREL, NJ 08054	Х						
Signatures							
William F. Brown, Attorney-in-Fact		04/02/2015					
**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.