Edgar Filing: PHH CORP - Form 4

| Form 4 | | | | | | | | | | | |
|--|---|---|--------|---|--|------------------|-----------------|---|--|---|--|
| February 29, 1 FORM | 4 UNITED S | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB APPROVAL OMB 3235-028 Number: | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed purs Section 17(a | 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 20(b) of the Investment Company Act of 1940 | | | | | | | burden hou response | ted average hours per | |
| (Print or Type R 1. Name and Ac Ruggieri Kat | ldress of Reporting I | Person <u>*</u> | Symbol | Name and DRP [PHH | | Tradin | g | 5. Relationship of Issuer | | | |
| (Last) (First) (Middle) 3. Da (Mon | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2016 | | | | (Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) SVP and Chief HR Officer | | | |
| Filed(Mon | | | | endment, Date Original nth/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 | | | |
| MT. LAURE (City) | | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Acc | Person Puired, Disposed of | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | | 3. Transactic Code (Instr. 8) Code V | 4. Securi m(A) or Di (D) (Instr. 3, | ties Ao spose | cquired d of | 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 | |
| Common Stock | 02/25/2016 | | | F | 516 <u>(1)</u> | ` ´ | \$ 8.83 | 22,848 | 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | | | |
|---|--------------------|------------|--------------------------|-------|--|--|--|
| | Director 10% Owner | | Officer | Other | | | |
| Ruggieri Kathryn M C/O PHH CORPORATION 3000 LEADENHALL ROAD MT. LAUREL, NJ 08054 | | | SVP and Chief HR Officer | | | | |
| Signatures | | | | | | | |
| William F. Brown, Attorney-in-Fact | | 02/29/2016 | | | | | |
| <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).

(1) Represents shares withheld to pay taxes on Restricted Stock Units that vested on February 25, 2016.

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.