Edgar Filing: PHH CORP - Form 4

PHH CORP)											
Form 4												
September 2	27, 2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
	CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHA									Expires:	January 31,		
				NGES IN BENEFICIAL OWNERSHIP O				NERSHIP OF	Expires: 2005 Estimated average			
Section		S				SECURITIES				burden hours per		
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						A at af 1024	response	0.5		
obligatio	-						-	1935 or Section	n			
may con	itinue.			vestment	•	- ·			1			
<i>See</i> Instr 1(b).	ruction	50(11)	or the m	vestment	compun	<i>y</i> 1100	. 01 17 1	0				
(Print or Type	Responses)											
1. Name and Address of Reporting Person _ 2. Issued CROWL ROBERT B Symbol								5. Relationship of Reporting Person(s) to Issuer				
CROWLR	UDENI D		Symbol					155001				
			PHH CORP [PHH]					(Check all applicable)				
(Last)	(First) (Middle)		f Earliest Ti	ransaction							
				/onth/Day/Year) 9/23/2016				Director 10% Owner X Officer (give title Other (specify				
LEADENHALL ROAD								below)	below)			
									VP & CFO			
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Moi	(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
MT_LAURFL_NL08054 Form filed by More than One Reporting												
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securit		-	5. Amount of Securities	6.	7. Nature of		
Security	(Month/Day/Year)	onth/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Ownership	o Indirect ect Beneficial Ownership		
(Instr. 3)									(D) or			
			, ,					Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
						or	D .	(Instr. 3 and 4)				
Common				Code V	Amount 11,037	(D)	Price \$					
Stock	09/23/2016			F	(1)	D	ф 14.33	149,507 <u>(2)</u>	D			
Stock					_		1 1.00					

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	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				
CROWL ROBERT B C/O PHH CORPORATION 3000 LEADENHALL ROAD MT. LAUREL, NJ 08054			EVP & CFO					
Signatures								
William F. Brown, Attorney-in-Fact		09/27/2016						
**Signature of Reporting Person		Date						
Evalenction of Decremonal								

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 ("RSUs") that vested on September 23, 2016.
- (2) Includes 105,243 shares of common stock underlying unvested RSUs. Each RSU represents the right to receive one share of common stock upon vesting.

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.