Edgar Filing: CYS Investments, Inc. - Form 4

CYS Investm	ents, Inc.										
Form 4	016										
January 04, 2									OMB A	PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this if no longe	or								Expires:	January 31 2005	
subject to Section 16 Form 4 or Form 5	F CHANGES IN BENEFICIAL OWNERSHIP SECURITIES						Estimated average burden hours per response				
obligation may conti <i>See</i> Instru- 1(b).	nue. Section	17(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectic 40	on		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Redlingshafer Raymond A JR			2. Issuer Name and Ticker or Trading Symbol CYS Investments, Inc. [CYS]				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)			
890 WINTER STREET, SUITE 200			(Month/Day/Year) 01/04/2016					X_ Director 10% Owner Officer (give title Other (specify below) below)			
	4. If Amendment, Date Original Filed(Month/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 					
WALTHAM	I, MA 02451							Person		eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)(Instr. 3)any (Month/Day/Year)		on Date, if	Code Disposed of (D) ar) (Instr. 8) (Instr. 3, 4 and 5) (A) or)	SecuritiesForm: DirectBeneficially(D) orOwnedIndirect (I)Following(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$.01 par value per share	01/04/2016	j		A		A	\$ 0	53,162 <u>(1)</u>	D		
Common Stock, \$.01 par value per share								2,396 <u>(2)</u>	Ι	Shares held by spouse. (3)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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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)

Deri Secu	Title of ivative urity ttr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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	7. Titl Amou Under Securi (Instr.	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		Relationsh			
I O	Director	10% Owner	Officer	Other	
Redlingshafer Raymond A JR 890 WINTER STREET SUITE 200 WALTHAM, MA 02451	Х				
Signatures					
/s/ Thomas A. Rosenbloom, At	torney-in	-Fact for Ray	ymond A	۱.	01/04/2016

Redlingshafer, Jr.

**Signature of Reporting Person

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) Includes 309 and 343 shares acquired on October 14, 2015 and December 30, 2015, respectively, pursuant to dividend reinvestments.
- (2) Includes 47 and 52 shares acquired on October 14, 2015 and December 30, 2015, respectively, pursuant to dividend reinvestments.
- (3) The Reporting Person disclaims ownership of these securities, and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities for purposes of Section 16 or otherwise.

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.

1/0-1/20

Date