## Edgar Filing: REGAL BELOIT CORP - Form 4

| REGAL BEL  | OIT CORP      |           |   |                        |   |               |   |  |   |  |
|--|---------------|-----------|---|------------------------|---|---------------|---|--|---|--|
| Form 4   |               |           |   |                        |   |               |   |  |   |  |
| May 14, 2015   | 5             |           |   |                        |   |               |   |  |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |               |           |   |                        |   |               |   |  | PPROVAL   |  |
| <b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549   |               |           |   |                        |   |               |   |  | 3235-0287   |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>See In |               |           |   |                        |   |               | ge Act of 1934,<br>f 1935 or Sectio   | Expires:<br>Estimated a<br>burden hou<br>response                    | irs per   |  |
| 1(b).  | enon          | . /       |   |                        |   |               |   |  |   |  |
| (Print or Type R   | esponses)     |           |   |                        |   |               |   |  |   |  |
| 1. Name and Ac<br>FISCHER T  | Name and      |           |   | -                      | 5. Relationship of Reporting Person(s) to<br>Issuer |               |   |  |   |  |
| (Last)   | Earliest Tra  | nsaction  |   |                        | (Check all applicable)                              |               |   |  |   |  |
| (Last) (First) (Middle) 3. Date of<br>(Month/D<br>N. 881 MARINE DR. 05/12/20   |               |           | ay/Year)  | insaction              |   |               | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |  |   |  |
|  |               |           | endment, Date Original<br>nth/Day/Year)   |                        |   |               | <ol> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)<br/>_X_ Form filed by One Reporting Person</li> </ol> |  |   |  |
| CEDAR GR   | OVE, WI 53013 |           |   |                        |   |               |   | More than One Re   |   |  |
| (City)   | (State) (Z    | Zip) Tabl | e I - Non-Do  | erivative S            | ecuri   | ties Ac       | quired, Disposed of   | f, or Beneficial   | lly Owned   |  |
| (Instr. 3) any   |               |           | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |                        |   | er<br>P)      | 5. Amount of<br>Securities<br>Beneficially<br>Owned   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 05/12/2015    |           | Code V<br>A   | Amount<br>1,600<br>(1) | (A)<br>or<br>(D)<br>A                               | Price<br>\$ 0 | Transaction(s)<br>(Instr. 3 and 4)  | D  |   |  |
| Stock  |               |           |   |                        |   |               |   |  |   |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transac<br>Code<br>(Instr. 8 | ction<br>C<br>3) I<br>S<br>A<br>(<br>I<br>C<br>C<br>( | 5.<br>ionNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |     | (Month/Day/Year)<br>tive<br>ties<br>red<br>ed<br>3, |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|------------------------------------|---|--|-----|---|--------------------|---|--|---|--|
|   |   |   | Code V                             | V (   | (A)  | (D) | Date<br>Exercisable                                 | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address            | Relationships |           |         |       |  |  |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|--|--|
| reporting officer (and ) rear cos         | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| FISCHER THOMAS J                          |               |           |         |       |  |  |  |  |  |
| N. 881 MARINE DR.                         | Х             |           |         |       |  |  |  |  |  |
| CEDAR GROVE, WI 53013                     |               |           |         |       |  |  |  |  |  |
| Signatures                                |               |           |         |       |  |  |  |  |  |
| /s/ Peter C. Underwood as Pow<br>Attorney | 05/14/2015    |           |         |       |  |  |  |  |  |

\*\*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) Restricted Shares granted to the reporting person under the 2013 Equity Incentive Plan. Restricted Shares are non-transferable until 5/12/2016.

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.