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EXPONEN	T INC										
Form 4											
March 17, 2	2015										
FORM	ЛД								PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check t				U	·			Expires:	January 31,		
if no loi subject		MENT OF	CHAN	NGES IN	BENEF	ICIAL O	WNERSHIP OI	र र	2005		
Subject					Estimated burden hou	•					
Form 4	or							response			
Form 5	Filed put	rsuant to S	ection	16(a) of th	ne Securi	ties Excha	nge Act of 1934				
obligati may cor		(a) of the H	Public U	Itility Hol	ding Cor	npany Act	of 1935 or Section	ion			
See Inst		30(h)	of the In	nvestment	t Compar	ny Act of 1	1940				
1(b).											
(Print or Type	Responses)										
	Address of Reporting	Person _		er Name an	d Ticker or	Trading	-	p of Reporting Person(s) to			
CALIGIUI	RI ROBERT D		Symbol				Issuer				
			EXPO	NENT IN	C [EXPC)]	(Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction		(0	an approact	•)		
			(Month/	Day/Year)			Director		% Owner		
149 COMMONWEATH DRIVE 03/13				2015			X Officer (give title Other (specify below) below)				
							· · · · · · · · · · · · · · · · · · ·	oup Vice Preside	nt		
	(Street)		4 If Am	endment, D	ate Origina	al	6 Individual or	Ioint/Group Fili	ng(Check		
	(2000)			onth/Day/Yea	-	•1	6. Individual or Joint/Group Filing(Check Applicable Line)				
			T neu(ini	indi Duji i cu	-)		· · ·	y One Reporting P	erson		
MENLO P	ARK, CA 94025							More than One R	eporting		
							Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit	ies	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transactio			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)		Code	Disposed		Beneficially	(D) or Indirect			
		(Month/Da	y/rear)	(Instr. 8)	(Instr. 3, 4	+ and $5)$	Owned Following	(I) (Instr. 4)	Ownership (Instr. 4)		
						<i></i>	Reported	(Instr. I)	(insu: i)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
						(=) 11100					
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					Perso	ons who rea	spond to the colle	ection of S	SEC 1474		

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	(1)	03/13/2015		А		4,798		03/13/2019	03/13/2029	Common Stock	4,798

Reporting Owners

Reporting Owner Name / Address	Relationships								
1 9	Director	10% Owner	Officer	Other					
CALIGIURI ROBERT D			Group						
149 COMMONWEATH DRIVE	Vice								
MENLO PARK, CA 94025	President								
Signatures									
By: Wendy Whitehouse For: Robert Caligiuri	D.	03/17/20	015						

Explanation of Responses:

**Signature of Reporting Person

* 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) 1-for-1.

(2) Not applicable.

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.

Date