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Check this box if no longer subject to SECURITIES Section 16. SECURITIES									3235-0287 January 31, 2005 average irs per	
BARR KEVIN A Symbol			Name and Ticker or Trading CORP [TEX]				5. Relationship of Reporting Person(s) to Issuer			
			f Earliest Transaction Day/Year)				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Senior V. P. Human Resources			
WESTPOR'	ndment, Date Original tth/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 Person 					
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	ecuri	ties Acc	uired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Exec any	ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any				quired l 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, par value \$.01	03/12/2019		Code V A	Amount 10,395 (1)	(D) A	Price \$ 0	(insu: 5 and 4) 88,460	D		
Common Stock, par value \$.01	03/12/2019		А	9,653 (2)	A	\$ 0	98,113	D		
Common Stock, par value \$.01	03/12/2019		А	9,653 (<u>3)</u>	A	\$ 0	107,766	D		
Common Stock, par							1,986	Ι	401(k) plan	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T .4	or		
						Exercisable	Date	Title	Number		
				a 1 u					of		
				Code V	(A) (D)				Shares		

Reporting Owners

value \$.01

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BARR KEVIN A TEREX CORPORATION 200 NYALA FARM ROAD WESTPORT, CT 06880			Senior V. P. Human Resources					
Signatures								
/s/Scott J. Posner, by power of attorney		03/14/2	019					

**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) Shares granted pursuant to one of the Company's long-term incentive plans with the award vesting as follows: 1/3 on March 12, 2020; 1/3 on March 12, 2021 and 1/3 on March 12, 2022.
- (2) Shares granted pursuant to one of the Company's long-term incentive plans with the award scheduled to vest in the first quarter of 2022 if the Company achieves a targeted percentile rank against a peer group of companies for three year annualized total shareholder return ("TSR") for the period January 1, 2019 December 31, 2021. The number of shares in this grant are subject to adjustment, up or down,

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based upon attainment above or below the targeted percentile rank.

Shares granted pursuant to one of the Company's long-term incentive plans with the award scheduled to vest in the first quarter of 2022 if

(3) the Company achieves a targeted return on invested capital ("ROIC") in each of 2019, 2020 and 2021. The number of shares in this grant are subject to adjustment, up or down, based upon attainment above or below the targeted ROIC.

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.