**COHEN ERIC I** Form 4 March 14, 2019

# FORM 4

Form 4 or

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to **SECURITIES** Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* **COHEN ERIC I** 

TEREX CORPORATION, 200

(First)

(Street)

2. Issuer Name and Ticker or Trading Symbol

TEREX CORP [TEX]

3. Date of Earliest Transaction (Month/Day/Year)

03/12/2019

(Middle)

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

(Check all applicable)

Director 10% Owner \_X\_\_ Officer (give title \_ Other (specify below)

Senior V.P., Secy. Gen Counsel

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

WESTPORT, CT 06880

NYALA FARM ROAD

| (City)                               | (State)                                 | Zip) Table                                                  | e I - Non-D                   | erivative S   | ecurit           | ies Acq   | quired, Disposed                                                 | of, or Beneficial                                                    | lly Owned                                                         |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|-------------------------------|---------------|------------------|-----------|------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | ion Date, if Transaction Code |               |                  | quired of | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 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) |
|                                      |                                         |                                                             | Code V                        | Amount        | (A)<br>or<br>(D) | Price     | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   |                                                                      |                                                                   |
| Common<br>Stock, par<br>value \$.01  | 03/12/2019                              |                                                             | A                             | 12,734<br>(1) | A                | \$0       | 166,023                                                          | D                                                                    |                                                                   |
| Common<br>Stock, par<br>value \$.01  | 03/12/2019                              |                                                             | A                             | 11,824<br>(2) | A                | \$0       | 177,847                                                          | D                                                                    |                                                                   |
| Common<br>Stock, par<br>value \$.01  | 03/12/2019                              |                                                             | A                             | 11,824<br>(3) | A                | \$0       | 189,671                                                          | D                                                                    |                                                                   |
| Common<br>Stock, par                 |                                         |                                                             |                               |               |                  |           | 6,044                                                            | I                                                                    | 401(k)<br>plan                                                    |

value \$.01

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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>Transacti<br>Code<br>(Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 1                   | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|
|                                                     |                                                                       |                                         | Code 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

Director 10% Owner Officer Other

COHEN ERIC I TEREX CORPORATION 200 NYALA FARM ROAD WESTPORT, CT 06880

Senior V.P., Secy. Gen Counsel

### **Signatures**

/s/Scott J. Posner, by power of attorney 03/14/2019

\*\*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 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.