ORTHOFIX INTERNATIONAL N V

Form 4

November 06, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

January 31, Expires: 2005

OMB APPROVAL

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obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

11/06/2015

Stock

1. Name and Address of Reporting Person * Mason Brad			2. Issuer Name and Ticker or Trading Symbol ORTHOFIX INTERNATIONAL N V [OFIX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 3451 PLAN	(First) (I	(M	3. Date of Earliest Transaction (Month/Day/Year) 11/06/2015			_	Director _X_ Officer (give pelow)		Owner er (specify	
LEWISVII	(Street)		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 Person			
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Datany (Month/Day/Y	Code		sed 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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/06/2015	11/06/2015	S	8,038	D	\$ 40.2815 (1)	147,236	D		
Common	11/06/2015	11/06/2015	C C	6 080	D	\$ 40.0737	140.256	D		

6,980

D

(2)

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

S

11/06/2015

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D

40.9737 140.256

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/		Underly Securiti (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Transfer of the same of the sa	Director	10% Owner	Officer	Other			
Mason Brad							
3451 PLANO PARKWAY			CEO				
LEWISVILLE, TX 75056							

Signatures

/s/ Jeffrey M. Schumm, by power of 11/06/2015 attorney

> **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).
- The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.11 to \$40.43, inclusive. The reporting person undertakes to provide to Orthofix International, N.V., any security holder of Orthofix International N.V., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (1) to this Form 4.
- The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.50 to \$41.47, inclusive. The reporting person undertakes to provide to Orthofix International, N.V., any security holder of Orthofix International N.V., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

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.

Reporting Owners 2