EPAM Systems, Inc. Form 3 September 18, 2014

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement EPAM Systems, Inc. [EPAM] Kuerpick Peter (Month/Day/Year) 09/16/2014 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O EPAM SYSTEMS. (Check all applicable) INC., 41 UNIVERSITY DRIVE, SUITE 202

10% Owner _X_ Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One

Reporting Person

NEWTOWN. PAÂ 18940

(City) (State) (Zip)

(Street)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security 2. Amount of Securities (Instr. 4)

Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D)

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

or Indirect (I) (Instr. 5)

SEC 1473 (7-02)

4.

Â D

No securities are beneficially owned

Reminder: Report on a separate line for each class of securities beneficially

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

1. Title of Derivative Security (Instr. 4)

owned directly or indirectly.

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

5. Ownership Conversion or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Price of Derivative Derivative Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares

Direct (D) or Indirect (I)

(Instr. 5)

Reporting Owners

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

Kuerpick Peter

C/O EPAM SYSTEMS, INC.

41 UNIVERSITY DRIVE, SUITE 202

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NEWTOWN, PAÂ 18940

Signatures

/s/ Ginger Mosier, as Attorney-in-Fact

09/18/2014

ÂX

**Signature of Reporting Person

Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 5(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).

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.

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