Edgar Filing: HAUSER DAVID L - Form 4

HAUSER [DAVID L										
Form 4											
June 28, 20	18										
FORM	ЛЛ								PPROVA	L	
	/	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0)287	
Check t				U	,			Expires:	January		
if no lor subject		MENT OF	CHAN	NGES IN	BENI	,	Estimated average				
subject to Section 16. SECURITIES									burden hours per		
	Form 4 or								response		
Form 5	Filed put	rsuant to S	ection	16(a) of th	ne Secu	urities Excha	ange Act of 1934,				
obligation may cor		(a) of the F	ublic U	Itility Hol	ding C	Company Ac	t of 1935 or Secti	on			
See Inst		30(h) o	of the I	nvestment	t Comp	pany Act of	1940				
1(b).											
	D \										
(Print or Type	Responses)										
1 Name and	Address of Reporting	Derson *	. .	N	1	T 1:	5 Palationshin	of Deporting Der	son(s) to		
HAUSER I			2. Issuer Name and Ticker or Trading				Issuer	of Reporting Fer	Reporting Person(s) to		
HAUSER DAVID E			Symbol	MEDCV	CODD	IOCEI					
			UGE E	NERGY	CORP	. [UUE]	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction								
DO DOV 201			(Month/Day/Year)			X_ Director Officer (giv		6 Owner er (specify			
PO BOX 3	21		06/26/2	2018			below)	below)	or (speeny		
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				onth/Day/Yea	-	,	Applicable Line)				
							X Form filed by				
OKLAHO	MA CITY, OK 73	3101					Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tak	la I Non I	Dominat	ivo Cooveition	Acquired Disposed	of on Donoficio	lle Ormad		
		-					Acquired, Disposed		-		
1.Title of	2. Transaction Date			3. Transatia	4. Seci		5. Amount of	6. Ownership Form: Direct	7. Nature	of	
Security (Instr. 3)	(Month/Day/Year)	Year) Execution Da any		Transactio Code		sed of (D)		(D) or Indirect	Indirect Beneficial		
(11501. 5)		(Month/Da	y/Year)	(Instr. 8)		3, 4 and 5	Owned	(I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
						or	(Instr. 3 and 4)				
				Code V	Amou	nt (D) Price	e				
Reminder: Re	port on a separate line	e for each cla	uss of sec	urities bene	ficially	owned directly	or indirectly.				
	r				-	-	espond to the colle	ction of S	SEC 1474		
					info	ormation cor	tained in this forn	n are not	(9-02)		
						•	ond unless the fo				
						plays a curre nber.	ently valid OMB co	ntrol			
					nui	ibei.					

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 of	6. Date Exercisable and	7. Title and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Amount of	Derivative
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	Underlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		Securities	(Instr. 5)

	Derivative Security				or Disposed of (D) (Instr. 3, 4, and 5)				(Instr. 3 and 4)		
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Equiv Units	<u>(1)</u>	06/26/2018	А		107.02		(2)	(2)	Com Stk	107.02	\$ 35.04

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HAUSER DAVID L							
PO BOX 321	Х						
OKLAHOMA CITY, OK 73101							
Signatures							
Patricia D. Horn on behalf of Day	vid L.						
Hauser		06/	28/2018				

**Signature of Reporting Person

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) Security converts to common stock on a one-for-one basis.

The Common Stock Units were accrued under the Deferred Compensation Plan of OGE Energy Corp. and are to be settled 100% in cash (2)at a specified future date or following termination of service.

Date

(3) The total includes shares acquired through the reinvestment of dividends that were exempt from reporting pursuant to Rule 16a-11.

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.