Edgar Filing: Hooper Joan S - Form 4

| Hooper Joan Form 4 June 22, 201 | | | | | | | | | | | | |
|---|---------------------|-------------|--|---|----------------|-----------|------------------------------------|--|--------------------------------------|-------------------------|--|--|
| FORM | Λ4 | | ~~ ~~ ~ | | | ~~~ . | | | OMB AP | PROVAL | | |
| | UNITED | STATES S | | ITIES A hington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer | | | | | | | | Expires: | January 31, 2005 | | | |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS. Section 16. SECURITIES | | | | | | ERSHIP OF | Estimated average burden hours per | | | | | |
| Form 4 o Form 5 | | cuant to Se | action 16 | S(a) of th | a Sacurit | ios F | vehange | Act of 1934, | response | 0.5 | | |
| obligatio | ons Section 17(| | | | | | • | 1935 or Section | 1 | | | |
| may con <i>See</i> Instr | lunue. | | | vestment | • | · · | • | | L | | | |
| 1(b). | luction | | | | 1 | 5 | | | | | | |
| | D | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| Hooper Joan S Sys | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | | ITRON INC /WA/ [ITRI] | | | | (Check all applicable) | | | | |
| (Last) | (First) (1 | Middle) 3 | 3. Date of | Earliest Tr | ransaction | | | (Check | an applicable, | / | | |
| 2111 N. MOLTER RD. | | | (Month/Day/Year) 06/21/2018 | | | | | Director | title 0% Owner | | | |
| | | | | | | | | below) below) | | | | |
| | | | | | | | | Sr. | VP & CFO | | | |
| | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LIBERTY | LAKE, WA 9901 | 9 | | | | | | Form filed by Me Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-E | Derivative | Secur | ities Acqu | iired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of | 2. Transaction Date | 2A. Deeme | ed | 3. | 4. Securit | ties Ad | cquired | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution I | Date, if | Transactio | | - | | Securities | Ownership | Indirect | | |
| (Instr. 3) any (Month | | | Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8) | | | | 5) | Beneficially Owned | Form: Direct Benefit (D) or Owner | Beneficial Ownership | | |
| | | (110114.24 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (1115111-0) | | | | Following | Indirect (I) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | (Instr. 4) | | | |
| | | | | Code V | A | or | D. ' | (Instr. 3 and 4) | | | | |
| Common | | | | Code V | | (D) | Price \$ | | | | | |
| Stock | 06/21/2018 | | | F | 298 <u>(1)</u> | D | ф 60.528 | 7,071 | D | | | |

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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|--------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Hooper Joan S 2111 N. MOLTER RD. LIBERTY LAKE, WA 99019 | | | Sr. VP & CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ Kramer B. Ortman, attorney-in-fact for Ms. | | | | | | | | |
| Hooper | | | 06/22/2018 | | | | | |
| <u>**</u> Signature of Reporting | Person | | Date | | | | | |
| Evalenction of De | | | | | | | | |

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) Represents shares automatically sold to cover tax withholding obligations associated with the vesting of a restricted stock award.

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.