Edgar Filing: Chavous Kevin - Form 4

| Chavous Key | vin | | | | | | | | | | |
|--|---|-----------------|--------------------------------|--|------------|------------------------------|---|--|--|-----------|--|
| Form 4 | 10 | | | | | | | | | | |
| March 04, 20 | | | | | | | | | | PROVAL | |
| FORM | 4 UNITED | STATES | | | | | NGE C | OMMISSION | OMB OMB Number: | 3235-0287 | |
| Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Chavous Kevin Symbol | | | | r Name and Ticker or Trading C [LRN] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | of Earliest Transaction Day/Year) 2019 | | | | Director 10% Owner X Officer (give title Other (specify below) below) President, Academics, Policy | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| HERNDON | , VA 20171 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | ned n Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | sposed 4 and (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/28/2019 | | | F <u>(1)</u> | 1,273 | D | \$ 32.04 | 83,948 | 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | | |
| Chavous Kevin 2300 CORPORATE PARK DRIVE HERNDON, VA 20171 | | | President, Academics, Policy | | | | | |
| Signatures | | | | | | | | |
| /s/ John C. Grothaus, | 03/04/20 | 19 | | | | | | |

attorney-in-fact

Date

**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).

Represents the number of shares withheld by the Company upon the vesting of restricted shares to cover the executive's withholding tax on income associated with the satisfaction of all vesting conditions. The number of shares withheld is based upon the closing price of a

(1) Share of K12 common stock on the vesting date, or if the vesting date fell on a weekend or market holiday, upon the closing price of a share of K12 common stock on the most recent prior market day.

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.