## Edgar Filing: KNOLL INC - Form 4

KNOLL INC

Form 4	016										
August 10, 2									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHAN Washington, D.C. 20549							ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject to Section Form 4 c	IENT OF	F CHANGES IN BENEFICIAL OWNE SECURITIES					ERSHIP OF	Expires: Estimated a burden hour response			
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(	a) of the P	ublic U	tility Hol	ding Co	npan	U	Act of 1934, 1935 or Section )			
(Print or Type)	Responses)										
Pollner Michael A Sym				r Name <b>and</b>		r Trad	8	5. Relationship of Reporting Person(s) to Issuer			
				L INC [K	-			(Check all applicable)			
(M			00/07/2010				- - 1	Director 10% Owner X Officer (give title Other (specify below) below) SVP, General Counsel & Sec.			
				d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EAST GRE	ENVILLE, PA 1	8041					i	Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da)	Date, if	3. Transactio Code (Instr. 8) Code V	omr Dispos (Instr. 3,	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	08/09/2016			S	4,386	D	\$ 25.6247	32,500	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)	(Month/Day/Year) rivative curities quired ) or sposed (D) str. 3,		Secur	ınt 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 / Add	dress	Relationships						
1	Director	10% Owner	Officer	Other				
Pollner Michael A C/O KNOLL, INC. 1235 WATER STREET EAST GREENVILLE, PA	18041		SVP, General Counsel & Sec.					
Signatures								
/s/Michael A. Pollner	08/10/2016							

<u>\*\*</u>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 in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$25.62 to \$25.66, inclusive. The reporting person undertakes to provide to Knoll, Inc., any security holder of Knoll, Inc., or the staff of the

(1) to \$25.00, inclusive. The reporting person undertakes to provide to Knoh, inc., any security holder of Knoh, inc., of the start 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 footnote (1) 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.