## Edgar Filing: MAYPOLE JOHN F - Form 4

| Form 4  |                 |         |   |  |        |            |  |   |                     |                      |  |
|---|-----------------|---------|---|--|--------|------------|--|---|---------------------|----------------------|--|
| November 0  | Л               |         |   |  |        |            |  |   | OMB AI              | PPROVAL              |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549              |                 |         |   |  |        | COMMISSION | OMB<br>Number:   | 3235-0287   |                     |                      |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>SECURITIES<br>SECURITIES |                 |         |   |  |        |            |  | Expires:<br>Estimated a<br>burden hou<br>response   | urs per             |                      |  |
| (Print or Type ]  | Responses)      |         |   |  |        |            |  |   |                     |                      |  |
| MAYPOLE JOHN F Symb   |                 |         | Symbol  | . Issuer Name <b>and</b> Ticker or Trading<br>mbol<br>NOLL INC [KNL] |        |            |  | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |                     |                      |  |
| (Last)  | (First) (I      | Middle) | 3. Date of Earliest Transaction   |  |        |            |  | (Cliect   |                     |                      |  |
| C/O KNOL<br>STREET  | L, INC., 1235 W | ATER    | (Month/D<br>11/02/20  | -  |        |            |  | X Director<br>Officer (give<br>below)   | title 0th<br>below) | Owner<br>er (specify |  |
|   |                 |         |   | endment, Date Original<br>nth/Day/Year)                              |        |            |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                     |                      |  |
|   |                 |         |   |  |        |            |  | Person  |                     |                      |  |
| (City)  | (State)         | (Zip)   |   |  |        |            | -  | uired, Disposed of  |                     | •                    |  |
| 1.Title of<br>Security<br>(Instr. 3)  | · · · · ·       |         | 3. 4. Securities Acquired<br>Transactior(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>or |  |        |            | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  |                     |                      |  |
| C   |                 |         |   | Code V   | Amount | (D)        | Price  | (Instr. 3 and 4)  |                     |                      |  |
| Common<br>Stock   | 11/02/2018      |         |   | Р  | 500    | А          | \$ 20  | 500   | Ι                   | By Wife              |  |
| Common<br>Stock   | 11/02/2018      |         |   | Р  | 300    | А          | \$<br>20.01  | 800   | Ι                   | By Wife              |  |
| Common<br>Stock   | 11/02/2018      |         |   | Р  | 700    | A          | \$<br>20.02  | 1,500   | I                   | By Wife              |  |
| Common<br>Stock   |                 |         |   |  |        |            |  | 39,944  | D                   |                      |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans |
|---|---|---|--|--|---------------------|--------------------|--|--|---|---|
|   |   |   | Code V                                 | of (D)<br>(Instr. 3,<br>4, and 5)<br>(A) (D)                     | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   | (Instr  |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| MAYPOLE JOHN F<br>C/O KNOLL, INC.<br>1235 WATER STREET<br>EAST GREENVILLE, PA 18041 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ Michael A. Pollner,<br>Attorney-in-Fact   |               | 11/05/201 | 8       |       |  |  |  |
| **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).

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.