## Edgar Filing: TrueCar, Inc. - Form 4

TrueCar, Inc Form 4 June 16, 201 <b>FORN</b> Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6 <b>1 4</b> UNITEI is box ger 5 6. or Filed puns fine. Section 17	CMENT O ursuant to 7(a) of the	Was F CHAN Section 10	Shington, GES IN 1 SECUR 6(a) of the ility Hold	D.C. 205 BENEFI ITIES e Securiti ling Com	5 <b>49</b> CIAI es Ex pany	L <b>OW</b> tchang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Stephenson John			2. Issuer Name <b>and</b> Ticker or Trading Symbol TrueCar, Inc. [TRUE]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (C)					(Cnec			
C/O TRUECAR, INC., 120 BROADWAY, SUITE 200			(Month/Day/Year) 01/27/2016					Director 10% Owner Officer (give title Other (specify below) below) EVP & Chief Risk Officer			
Filed(M				If Amendment, Date Original led(Month/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>			
SANTA MO	ONICA, CA 904	401						Person		1 8	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Acc	quired, Disposed o	f, or Beneficial	lly Owned	
(Instr. 3) any			med 3. 4. Securities Acquired on Date, if Transaction(A) or Disposed of Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)			l of	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	01/27/2016			Code V A	Amount 71,416 (1)	(A) or (D) A	Price \$ 0	Transaction(s) (Instr. 3 and 4) 239,618	D		
Common Stock	06/15/2016			F	5,273 (2)	D	\$ 6.7	234,345	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.

## Edgar Filing: TrueCar, Inc. - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Stephenson John C/O TRUECAR, INC. 120 BROADWAY, SUITE 200 SANTA MONICA, CA 90401			EVP & Chief Risk Officer					
Signatures								
/s/ Scott Watkinson, by Power of Attorney		06/16/2016						
**Signature of Reporting Person		Dat	e					

## **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) The reported securities are represented by restricted stock units which vest in sixteen (16) equal quarterly installments beginning on March 15, 2016.

(2) The reported securities were withheld to satisfy the Reporting Person's tax liability in connection with the vesting of restricted stock units.

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.