### Edgar Filing: Olsen Kevin M. - Form 4

Olsen Kevin	М.											
Form 4 June 14, 201	Q											
	_									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANG Washington, D.C. 20549							NGE C	OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section						e Act of 1934, 1935 or Section	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
See Instru		30(h)	of the In	vestmei	nt Co	ompan	y Ac	t of 194	0			
1(b). (Print or Type I	Responses)											
1. Name and A Olsen Kevir	2. Issuer Name <b>and</b> Ticker or Trading Symbol Dorman Products, Inc. [DORM]					-	5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle)						1]	(Check all applicable)					
(Last) C/O DORM INC., 3400	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>06/13/2018</li></ul>						Director 10% Owner X_Officer (give title Other (specify below) EVP, Chief Financial Officer					
				nendment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COLMAR,	PA 18915								Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-Deri	ivative \$	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		ied Date, if	3. Transac Code (Instr. 8 Code	4. ction( <i>F</i> (I 3)	. Securit A) or Di Instr. 3,	ties Ad sposed 4 and (A) or	cquired d of (D) 5) Price	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	
Common Stock	06/13/2018			F	9	26 <u>(1)</u>	D	\$ 69.19	8,023.11 <u>(2)</u>	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)	3	Date	Secur	unt of rlying	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**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Olsen Kevin M. C/O DORMAN PRODUCTS, INC. 3400 WALNUT STREET COLMAR, PA 18915			EVP, Chief Financial Officer					
Signatures								
/s/ Thomas J. Knoblauch, by Power of Attorney	of	06/14	4/2018					
<b><u>**</u>Signature of Reporting Person</b>		D	ate					

## **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) These shares were withheld by the issuer upon the vesting of a restricted stock award to satisfy Mr. Olsen's tax withholding obligations. Such withholding is treated as a disposition of securities under Section 16 of the Securities Exchange Act of 1934, as amended.
- (2) Includes 222.11 shares of the issuer's common stock acquired under the issuer's employee stock purchase plan since the date of Mr. Olsen's last Form 4.

#### **Remarks:**

The filing of this Statement shall not be construed as an admission (a) that the person filing this Statement is, for the purposes

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.