Edgar Filing: Osier Michael A. - Form 4

Osier Michae Form 4	el A.											
February 26,	2018											
FORM	ГЛ								OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF				CHANGES IN BENEFICIAL OWN				NERSHIP OF	Expires: Estimated a	January 31, 2005 average		
Section 1 Form 4 o	Section 16. SECURITIES						burden hours per					
Form 5 obligation may cont See Instru 1(b).	Filed purs ns Section 17(a	a) of the F	ublic U		ling Com	pany	Act of	e Act of 1934, 1935 or Sectior 0	response	0.5		
(Print or Type F	Responses)											
			2. Issuer Name and Ticker or Trading Symbol CHEGG, INC [CHGG]				g	5. Relationship of Reporting Person(s) to Issuer				
			3. Date of Earliest Transaction					(Check all applicable)				
(]				(Month/Day/Year) 02/23/2018				Director 10% Owner Officer (give title Other (specify below) below) below) CHIEF OUTCOMES OFFICER				
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SANTA CL	ARA, CA 95054							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	Perivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4) Amount	posed	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/23/2018			F <u>(1)</u>		D	\$ 20.35	482,809	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	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				
Osier Michael A. C/O CHEGG, INC 3990 FREEDOM CIR SANTA CLARA, CA 95054			CHIEF OUTCOMES OFFICER	5				
Signatures								
/s/ Michael Osier by Dave Borders, Attorney-in-Fact		02/26/2018						
**Signature of Reporting Perso	n	Ι	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).

Exempt transaction pursuant to Section 16b-3(e) payment of exercise price or tax liability by delivering or withholding securities incident to the receipt, exercise or vesting of a security issued in accordance with Rule 16b-3. All of the shares reported as disposed of in this

(1) Form 4 were automatically withheld by the Issuer in accordance with the agreement governing the RSUs to satisfy federal and state tax withholding obligations of the Reporting Person resulting from the vesting and settlement of RSUs. The Reporting Person did not sell any of the shares reported on this Form 4 item; such shares were cancelled by the Issuer in accordance with the foregoing.

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.