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Form 4											
Check this box if no longer subject to Section 16. Check this box								OMB Number: Expires: Estimated a burden hou response	•		
(Print or Type	Responses)										
			2. Issuer Name and Ticker or Trading Symbol MEREDITH CORP [MDP]				ling	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2017					(Check all applicable) Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Development Officer			
DES MOIN	(Street) JES, IA 50309-30	23		endment, onth/Day/Y	Date Origir ear)	ıal		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Tał	ole I - Nor	n-Derivativ	e Secu	urities Aca	Person uired, Disposed of,	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3. Transact Code (Instr. 8)	4. Secur tionor Dispo (Instr. 3,	ities A sed of 4 and (A) or	cquired (A)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock (\$1 par value) (1)	05/01/2017			S		D	\$ 57.7675	0	D		
Common Stock (\$1 par value) (2)								46	I	by Managed Account	

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 (9-02)

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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	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Title and		9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	g Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and	d 4)	Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amo	ount	
				<u> </u>			Expiration Date	Or		
								Title Number of	ıber	
				Code V	(A) (D)			Shar	es	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
ZIESER JOHN S 1716 LOCUST STREET DES MOINES, IA 50309-3023			Chief Development Officer				
Signatures							
By: Kara Brodell, by Power of A Zieser	Attorney I	For: John S.	05/03/2017				

<u>**</u>Signature of Reporting Person

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) Shares held by the reporting person in a street name account.
- (2) Shares held in reporting person's Meredith Corporation Savings & Investment Plan. Quarterly dividends on the accounts are paid in the form of additional common stock, \$1 par value.

Date

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.