Edgar Filing: Hagedorn Partnership, L.P. - Form 4

Hagedorn Pa Form 4	artnership, L.P.										
May 08, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								OMB Number:	3235-0287		
	Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31 2005		
subject to Section 1 Form 4 o			SECUR	ITIES			Estimated a burden hour response	verage			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									1		
(Print or Type I	Responses)										
1. Name and A Hagedorn P						5. Relationship of Reporting Person(s) to Issuer					
		[SMG]					(Check all applicable)				
			3. Date of Earliest Transaction (Month/Day/Year)					DirectorX_10% Owner Officer (give title Other (specify below) below)			
800 PORT V BOULEVA	WASHINGTON RD		05/04/2	018					0010 (())		
	(Street)			ndment, Da nth/Day/Year	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PORT WAS	SHINGTON, NY	11050						Form filed by M Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution		Date, if	4. Securiti on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Shares	05/04/2018			S	24,813	D	80.47 (1)	15,698,446	D		
Common Shares	05/04/2018			S	11,854	D	\$ 81.35 (2)	15,686,592	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

Edgar Filing: Hagedorn Partnership, L.P. - Form 4

number.

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)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable an ionNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amo Unde Secur	tle and unt of rrlying rities 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting O	wners	Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

Reporting Owner Name / AddressRelationslipDirector10% OwnerOfficerDirector10% OwnerOfficerHagedorn Partnership, L.P.
800 PORT WASHINGTON BOULEVARD
PORT WASHINGTON, NY 11050XXSignaturesXXSignatures05/08/2018X**Signature of Reporting PersonDate

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).

The transaction was executed in multiple trades at prices ranging from \$80.00 to \$80.99. The price above reflects the weighted average(1) sales price. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

The transaction was executed in multiple trades at prices ranging from \$81.00 to \$80.66. The price above reflects the weighted average(2) sales price. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

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.