## Edgar Filing: IHS Inc. - Form 4

IHS Inc.												
Form 4												
April 17, 20	15											
FORM	14								OMB AF	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check this box if no longer									Expires:	res: January 31, 2005 nated average		
subject t		MENT O	F CHAN	IGES IN BENEFICIAL OWNERS				<b>VERSHIP OF</b>				
Section	16.			SECURITIES					burden hours per			
Form 4 o Form 5			Castian 1	(a) = f + b	· Coord	4: a a T		A at af 1024	response 0.			
obligatio	-						-	e Act of 1934, 1935 or Sectior	<b>,</b>			
may con	unue.			vestment	•	-	•		1			
See Instr 1(b).	ruction	50(11)	or the h	i vestinent	compu			0				
(Print or Type	Responses)											
1 Name and 4	Address of Reporting	a Person *	2 1		I T: -1	. T J.		5. Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person _2. IssueGUPTA ANURAGSymbol				and there is the first of the f				Issuer				
			IHS Inc									
								(Check all applicable)				
(Last)	(First)	(Middle)		e of Earliest Transaction n/Day/Year)				Director	10%	Owner		
			15/2015				Officer (give title Other (specify					
WAY EAST				/ 10/2010				below) below) EVP - Strategy, Products & Ops				
	(Street)		4 If Am	devent Dete Original								
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
T fied(Mo							_X_ Form filed by One Reporting Person					
ENGLEWO	DOD, CO 80112							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)				~						
	<b>`</b>	-					-	uired, Disposed of		•		
1.Title of Security	2. Transaction Date 2A (Month/Day/Year) Ex			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(Wonth/Day/Tear)	any	n Date, if	Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct			
· · ·		(Month/I	Day/Year) (Instr. 8)					Owned	(D) or	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)	(11150. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Class A					mount							
Common	04/15/2015			F(1)	1,600	D	\$	17,909	D			
Shares							124.15					

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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	Officer	Other					
GUPTA ANURAG C/O IHS INC. 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112			EVP - Strategy, Products & Ops					
Signatures								
/s/ Julio Martin, Attorney-in-Fa Person	ct on Beh	alf of Repor	ting 04/17/2015					
<u>**</u> Signature of Repo	orting Persor	ı	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).
- (1) Represents shares withheld for taxes upon 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.