ERICKSON INC. Form 4

April 22, 2015

FORM 4

Form 5

1(b).

obligations

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person * Jarandson Kerry

2. Issuer Name and Ticker or Trading Symbol

ERICKSON INC. [EAC]

(First) (Middle) (Last) 3. Date of Earliest Transaction

(Month/Day/Year) 04/20/2015

C/O ERICKSON INC., 5550 SW MACADAM AVENUE. SUITE 200

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Director 10% Owner X_ Officer (give title Other (specify below)

Vice President

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

PORTLAND, OR 97239

(City)	(State) (2	Zip) Table	e I - Non-D	erivative Securities Acc	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	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	04/20/2015		Code V M	Amount (D) Price 2,594 A \$ 0	9,290	D	
Stock Common Stock	04/20/2015		F	1,081 D \$ 4.68	8,209	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	(1)	04/20/2015		M	2,594	<u>(1)</u>	04/20/2015	Common Stock	2,594

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Jarandson Kerry

C/O ERICKSON INC.
5550 SW MACADAM AVENUE, SUITE 200
Vice President

PORTLAND, OR 97239

Signatures

/s/ Kerry Jarandson by Edward Rizzuti,
Attorney-in-Fact
04/22/2015

**Signature of Reporting Person 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).

Each restricted stock unit is payable (i) in one share of the issuer's common stock, (ii) in the cash equivalent of one share of the issuer's common stock, or (iii) in a combination of items (i) and (ii), upon or following the vesting of the award pursuant to the terms of the award agreement. The RSUs vested on April 20, 2015 and were subject to the reporting person's continued employment with the issuer through such 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.

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