Edgar Filing: CASSADAY JOHN M - Form 4

CASSADAY	I JOHN M											
Form 4												
March 30, 20	018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box				0 /					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							20					
Section 1				SECUR	ITIES				Estimated average burden hours per response 0.			
Form 4 c	r											
Form 5								e Act of 1934,				
obligatio may cont								1935 or Section	n			
See Instr		30(h) of	f the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Duint an Tana I	D											
(Print or Type l	(xesponses)											
1. Name and A	Address of Reporting	Person *	2 Iccular	Name and	Ticker or	Tradi	na	5. Relationship of	Reporting Pers	son(s) to		
1. Name and Address of Reporting Person *2. IssuerCASSADAY JOHN MSymbol				r Name and Ticker or Trading				Issuer				
			-	CORP [S	SYYI							
(Lost)	(First) (N		(Cheo					ck all applicable)				
				e of Earliest Transaction n/Day/Year)				_X_ Director10% Owner				
1390 ENCLAVE PARKWAY 03/30/20				•				Officer (give title Other (specify				
		- (515012	510				below)	below)			
(Street) 4. I			I. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
		F	Filed(Mon	th/Day/Year)			Applicable Line))			
UOUSTON	TV 77077 2000							_X_ Form filed by C Form filed by M	Iore than One Re			
HOUSION	, TX 77077-2099							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deeme	d	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution I	ion Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		any (Month/Da	u/Voor)	Code (Instr. 3, 4 and 5)				•		Beneficial		
		(Month/Da	Day/Year) (Instr. 8)					Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						(A)		Reported		(,		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	03/30/2018			А	208 (1)	А	\$	70,366.73	D			
Stock	0010012010			**	_00 _		59.96	. 0,200.75	-			
Common Stock	03/30/2018			А	104 (2)	А	\$ 59.96	70,470.73	D			
SIOCK							39.90					

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)			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			
CASSADAY JOHN M 1390 ENCLAVE PARKWAY HOUSTON, TX 77077-2099	Х						
Signatures							
/s/Gerald W. Clanton, attorney-in-fact		03/30/2018	3				
**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).
- (1) Represents shares elected to be received in lieu of a portion of non-employee director annual cash retainer fees pursuant to the Sysco Corporation 2013 Long-Term Incentive Plan.
- (2) Represents company match equal to 50% of the shares described in Footnote 1.

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.