

Morelli Mark D
Form 4
May 24, 2018

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Morelli Mark D

2. Issuer Name and Ticker or Trading Symbol
COLUMBUS MCKINNON CORP
[CMCO]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
205 CROSSPOINT PARKWAY
(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
05/22/2018

Director 10% Owner
 Officer (give title below) Other (specify below)
President and CEO

GETZVILLE, NY 14068

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

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (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 Ownership (Instr. 4)
Common Stock	05/22/2018		A	(A) or (D) Amount 13,094 (1)	Price \$ 0 (2)	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of 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)
Common Stock	\$ 38.7	05/22/2018		A	35,177 (3)	05/22/2019 05/21/2028	Common Stock 35,177

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Morelli Mark D 205 CROSSPOINT PARKWAY GETZVILLE, NY 14068	X		President and CEO	

Signatures

Mary C. O'Connor as Power of Attorney for Mark D. Morelli 05/24/2018

**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 restricted stock units issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part, units become fully vested and non-forfeitable 25% per year for four years beginning 5/22/19, if reporting person remains an employee of issuer.
 - (2) Includes 41,669.5145 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 16,836.9774 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 2/28/2019; and the remaining 13,094 shares become fully vested and non-forfeitable 25% per year for three years beginning 5/22/2019, if reporting person remains an employee of issuer.
 - (3) Represents non-qualified stock options issued to reporting person under the Columbus McKinnon Corporation 2016 Long Term Incentive Plan dated as of July 18, 2016, subject to forfeiture in whole or part, options become exercisable 25% per year for four years beginning 5/22/19, if reporting person remains an employee of 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.