Edgar Filing: HARRIGAN KATHRYN - Form 4

| HARRIGAN | KATHRYN | | | | | | | | | | | |
|---|-----------------------------------|--------------------|--|--|------------------------|--|---|--|--|---|--|--|
| Form 4 | 0 | | | | | | | | | | | |
| April 30, 201 | | | | | | | | | | PPROVAL | | |
| Check this box if no longer subject to STATEMENT OF CHANG | | | | ITIES AND EXCHANGE COMMISSION hington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | OMB 3235-0287 | | |
| | | | | | | | | | Estimated a | | | |
| Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed p s Section 1 | 7(a) of the | | ility Holdi | ing Com | pany | Acto | ge Act of 1934, f 1935 or Sectio 40 | response | • | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| HARRIGAN KATHRYN (Last) (First) (Middle) ONE MEADOWLANDS PLAZA (Street) 4. If Amen | | | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | | te of Earliest Transaction | | | | (Check all applicable) | | | | |
| | | | (Month/Da | Ionth/Day/Year) 4/26/2018 | | | | X Director Officer (give below) | | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| EAST RUTH | IERFORD, N | J 07073 | | | | | | Form filed by M Person | More than One Ro | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Execution any | emed on Date, if /Day/Year) | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, | (A) of (D d of (D d and (A) or | 9) 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 Stock | 04/26/2018 | | | Code V A | Amount 1,397 | (D) A | Price \$ 0 | | 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 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number on f Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | e Expiration Dat | 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 | |
| Stock Option (right to buy) | \$ 53.7 | 04/26/2018 | | А | 1,980 | 10/26/2018 | 04/25/2025 | Common Stock | 1,980 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| HARRIGAN KATHRYN ONE MEADOWLANDS PLAZA EAST RUTHERFORD, NJ 07073 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/Danielle Mann for Kathryn Harr | igan by | | | | | | |
| POA | | 04/3 | 30/2018 | | | | |
| **Signature of Reporting Person | | | Date | | | | |
| Explanation of Resp | onse | s: | | | | | |

* 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).

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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