### Edgar Filing: HARDIN EDWARD J - Form 4

HARDIN ED	OWARD J										
Form 4											
August 08, 20	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check thi				8,					Expires:	January 31,	
if no long subject to	S I A I H N	<b>AENT O</b>	F CHAN	GES IN BENEFICIAL OW				<b>NERSHIP OF</b>		2005	
Section 1				SECURITIES					Estimated average burden hours per		
Form 4 or									response 0.		
Form 5	Filed put	rsuant to	Section 16	6(a) of the	Securiti	es Ex	cchang	ge Act of 1934,	•		
obligatior may conti		(a) of the	Public Ut	ility Hold	ing Com	pany	Act o	f 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment (	Company	y Act	of 19	40			
1(b).											
	<b>.</b> .										
(Print or Type R	(esponses)										
1 Name and A	ddress of Reporting	Derson *	<b>2</b> I	NT 11	<b>T</b> . 1	<b>г</b> 1.		5 Delationship of	f Deporting Der	rson(s) to	
HARDIN EI			2. Issuer Symbol	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			-	Mortanaa	Conital	Inc					
nivesco				Mortgage Capital Inc. [IVR]				(Check all applicable)			
(Last)	(First) (	Middle)	3. Date of	insaction			V D' / 100 O				
1555 DE A CI	UTDEE ST NE	SUITE	(Month/D)	-				X_ Director Officer (give		% Owner her (specify	
1333 FEACI 1800	HTREE ST. NE,	SUILE	08/07/20	118				below)	below)	(speen)	
1000											
			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting P	erson	
ATLANTA,	GA 30309								More than One R		
///L//////////////////////////////////	011 50507							Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Year	on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect		
(Instr. 3) any (Month/Day/Year)			CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(11201144	2 uj, 1 vui)	(1115411-0)	(1115111-0)	· uno	2)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(IIISU: 5 and 4)			
Common											
Stock, par	08/07/2018			А	1,324	А	\$0	27,225	D		
value \$0.01					,		Ŧ ~	)			
per share											

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
HARDIN EDWARD J 1555 PEACHTREE ST. NE SUITE 1800 ATLANTA, GA 30309	Х						
<b>Signatures</b> /s/ Robert H. Rigsby, as Attorn in Fact	ey	08/08	/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).

### **Remarks:**

This Form 4 reports the acquisition by the reporting person of Common Shares resulting from a quarterly grant to the registrar

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.