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| Ortberg Rob Form 4 | · | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------|------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--|
| April 26, 20 | | | | | | | | | PPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB OMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont | ger 5 16. 5 Filed purs ^{ns} Section 17(2) | 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 | | | | | | | January 31 2009 Estimated average burden hours per response 0.9 | | |
| See Instru 1(b). | uction | 30(h) of the | Investment | Compar | iy Ac | t of 194 | 10 | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Ortberg Robert Kelly | | | 2. Issuer Name and Ticker or Trading Symbol Aptiv PLC [APTV] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | | |
| 5725 INNO | VATION DRIVE | | (Month/Day/Year) 04/24/2019 | | | | X_ Director10% Owner Officer (give titleOther (specify below) below) | | | | |
| | (Street) 4. If Amendment, Date Original 6. Individual or Filed(Month/Day/Year) Applicable Line) _X_Form filed by | | | | Applicable Line) | oint/Group Filing(Check One Reporting Person | | | | | |
| TROY, MI | 48098 | | | | | | Form filed by M Person | fore than One Re | eporting | | |
| (City) | (State) | (Zip) T | able I - Non-D | Derivative | Secur | rities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code ur) (Instr. 8) | Transaction(A) or Disposed of (D)Code(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) | | | |
| Ordinary Shares | 04/24/2019 | | X | 7 | A | | 1,096 | D | | | |
| Ordinary Shares | 04/24/2019 | | F | 143 | D | \$ 88.95 (2) | 953 | D | | | |
| Ordinary Shares | 04/25/2019 | | А | 1,861 | А | \$ 0 <u>(3)</u> | 2,814 | D | | | |

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

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number.

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. orNumber 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) | | 8. Price o Derivati Security (Instr. 5) |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Dividend Equivalent Right | <u>(1)</u> | 04/24/2019 | | Х | 7 | (1) | <u>(1)</u> | Ordinary Shares | 7 | \$ 0 |

Reporting Owners

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherOrtberg Robert Kelly
5725 INNOVATION DRIVE
TROY, MI 48098XVVSignaturesVVVV

/s/ David M. Sherbin, Attorney-in-fact for Robert K. Ortberg

**Signature of Reporting Person

04/26/2019 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).

Settlement of dividend equivalent rights in connection with the vesting of restricted stock units. The rights accrued when and as dividends
 (1) were paid on the Issuer's ordinary shares and vest upon the vesting of the restricted stock unit to which they relate. Each dividend equivalent right is the economic equivalent of one ordinary share.

(2) Shares withheld to pay current tax liabilities incident to the vesting of restricted stock units and settlement of dividend equivalent rights.

The Reporting Person has received restricted stock units that each represent a right to receive one ordinary share of the Issuer pursuant to (3) the Issuer's Long Term Incentive Plan, as amended and restated, and will vest in full one day before the Issuer's Annual Meeting of

Shareholders in 2020. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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