Edgar Filing: Motorola Solutions, Inc. - Form 4

Motorola Sol	lutions, Inc.										
Form 4											
May 06, 201	4										
FORM	14						NOD		OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check the			Expires:	January 31,							
if no longer subject to STATEMENT OF CHAN				GES IN	BENEF	ICIA	LOW	NERSHIP OF	Estimated a	2005 Verage	
Section 16.				SECURITIES					burden hour	-	
Form 4 o	r							response	0.5		
Form 5	Filed p	oursuant to	Section 10	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligation may cont		7(a) of the	Public Ut	ility Hold	ling Con	npany	y Act of	f 1935 or Section	1		
See Instru		30(h)) of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type F	Responses)										
1 Name and A	ddress of Reporti	ng Person *	2 Iaguar	Nome and	Tielten on	Tradia		5. Relationship of	Reporting Pers	on(s) to	
Carlin Mich			Symbol	Name and	TICKET OF	Traun	ng	Issuer			
5				a Solution	ns Inc [MSU	1				
								(Check	eck all applicable)		
(Last)	(First)	(Middle)		Earliest Tr	ansaction				100	<u>_</u>	
MOTODOL	A SOLUTION	IC	(Month/D	-				Director X Officer (give		Owner r (specify	
	A SOLUTION		05/02/20)14				below)	below)	r (speeny	
INC., 1505	E. ALGONQU	IIN KOAD						SVP, HR	& Communicat	tions	
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Joi	int/Group Filin	g(Check	
			Filed(Mon	th/Day/Year)			Applicable Line)			
								X Form filed by O Form filed by M			
SCHAUMB	URG, IL 6019	96						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A Dee	emed	3.	4. Securi	ties A	cauired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Ye	on Date, if		on(A) or D			Securities	Ownership	Indirect		
(Instr. 3)		any		Code (Instr. 3, 4			5)	Beneficially	Form: Direct	Beneficial	
		(Month/	/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(mout. I)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Motorola				Couc v	Amount	(D)	Thee				
Solutions,											
Inc	05/02/2014			F	280	D	\$	51,870.5255	D		
Common	00/02/2014			1	200	D	65.51	(1)	D		
Stock											

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.

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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)			7. Titl Amou Under Secur (Instr.	int 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				
	Director	10% Owner	Officer	Other
Carlin Michele A MOTOROLA SOLUTIONS, INC. 1303 E. ALGONQUIN ROAD SCHAUMBURG, IL 60196			SVP, HR & Communications	
Signatures				

Kristin L. Kruska, on behalf of Michele A. Carlin, Senior Vice President, Human Resources	05/06/2014
and Communication (Power of Attorney on File)	03/00/2014

**Signature of Reporting Person

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) Includes shares acquired under the Motorola Solutions Employee Stock Purchase Plan and through the reinvestment of dividends.

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.

Date