Edgar Filing: GUSTAFSSON ANDERS - Form 4

GUSTAFSS Form 4 January 30, 2	ON ANDERS										
									OMB AF	PROVAL	
FORM	4 UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
if no long subject to Section 1	Check this box if no longer subject to Section 16. Form 4 or						Expires: January 31, 2005 Estimated average burden hours per response 0.5				
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 1	7(a) of the	Public U		ding Co	npan	y Act of	1935 or Section	1		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> GUSTAFSSON ANDERS			2. Issuer Name and Ticker or Trading Symbol DYCOM INDUSTRIES INC [DY]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (0				(Check	k all applicable)		
11780 U.S. 600	HIGHWAY 1,	SUITE	(Month/I 01/29/2	Day/Year) 2018				X Director Officer (give t below)		Owner r (specify	
				Amendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
PALM BEA GARDENS								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	isposed	d of (D)	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	01/29/2018			А	115	A	\$ 119.91	11,752	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. Transacti Code (Instr. 8)	5. orNumber 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 Owna 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
GUSTAFSSON ANDERS 11780 U.S. HIGHWAY 1, SUITE 600 PALM BEACH GARDENS, FL 33408	Х			
Signatures				
/s/ Richard B. Vilsoet, Attorney-in-Fact a Gustafsson	'S	01/30/2018		
<u>**</u> 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).

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.