## Edgar Filing: CTS CORP - Form 4

CTS CORP

Form 4 November 14	, 2016										
								OMB APPROVAL			
Wa				ITIES AN hington, l			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	F CHAN(	GES IN B SECURI		CIA	L OW	NERSHIP OF	burden hou	Expires: January 31 200 Estimated average burden hours per response 0.			
Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 17	7(a) of the		lity Holdi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40			
(Print or Type Re	esponses)										
MURPHY DIANA M Symbol				Name and 7	Ticker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
			CTS CO	RP [CTS]				(Check all applicable)			
(Month/D			3. Date of (Month/Da 11/10/20	-				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LISLE, IL 60	0532								Iore than One Re		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	emed on Date, if Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			)	SecuritiesIBeneficially0OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock	11/10/2016			А	5,500	А	\$ 20	37,200	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)	4. Transact Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D (Inst	Number Expiration		ate	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	ŕ	ĺ.	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
MURPHY DIANA M 2375 CABOT DRIVE LISLE, IL 60532	Х							
Signatures								
/s/ Luis F. Machado, as Attorney-in-Fact		11/14/2	2016					
**Signature of Reporting Person		Dat	e					
Evaluation of Responses:								

## 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.