#### O REILLY AUTOMOTIVE INC

Form 4 January 31, 2017

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287

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January 31, 2005

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response...

Estimated average burden hours per

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **OREILLY DAVID E** 

(Street)

2. Issuer Name and Ticker or Trading

Symbol

O REILLY AUTOMOTIVE INC [ORLY]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

\_X\_ Director 10% Owner \_X\_\_ Officer (give title ) \_ Other (specify

01/28/2017

below) CHAIRMAN OF THE BOARD

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

### SPRINGFIELD, MO 65802

233 S. PATTERSON AVE

(City)	(State)	(Zip) Table I - Non-Derivative Securities Acq					uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(A) or			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	01/28/2017		Code V F	Amount 142 (1)	` ´	Price \$ 263.79	116,017	D			
Common Stock	01/29/2017		F	178 (1)	D	\$ 263.79	115,839	D			
Common Stock	01/30/2017		F	272 (1)	D	\$ 261.89	115,567 (2)	D			
Common Stock							864,841 (3)	I	Indirectly as trustee for reporting person's		

children and

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of a GRAT. and in the Company's 401k plan.

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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. Transac Code (Instr. 8	5. ctionNumber of S) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	s 1	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
				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		
OREILLY DAVID E						

233 S. PATTERSON AVE SPRINGFIELD, MO 65802

CHAIRMAN OF THE BOARD X

# **Signatures**

/s/ David

O'Reilly 01/31/2017 \*\*Signature of Date 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) Represents shares withheld to satisfy payroll tax withholding obligations upon the vesting of restricted shares previously awarded.
- (2) Total includes 1,377 unvested restricted share awards and 114,190 shares held directly by Mr. O'Reilly.

Reporting Owners 2

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(3) Total includes 581,184 shares held as trustee for reporting person's children, 276,046 shares held as trustee of a Grantor Retained Annuity Trust (GRAT) and 7,611 shares held in the Company's 401k Plan.

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.