**BIO-TECHNE Corp** Form 4/A August 20, 2015

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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Estimated average burden hours per response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* VERONNEAU MARCEL

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

**BIO-TECHNE Corp [TECH]** 

(First) (Middle) (Last)

3. Date of Earliest Transaction

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

614 MCKINLEY PLACE N.E.

(Month/Day/Year) 08/07/2015

below) SVP - Clinical Controls

(Check all applicable)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

08/11/2015

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

Person

below)

MINNEAPOLIS, MN 55413

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported (A) Transaction(s)

(Instr. 3 and 4) Code V Amount (D) Price

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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed (D) (Instr. 3, and 5)	of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 108.49	08/07/2015		A		5,625		<u>(1)</u>	08/07/2022	Common Stock	5,625
Restricted Stock Units	<u>(2)</u>	08/07/2015		A		900		<u>(1)</u>	<u>(1)</u>	Common Stock	900

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
F	Director	10% Owner	Officer	Other				
VERONNEAU MARCEL								
614 MCKINLEY PLACE N.E. MINNEAPOLIS, MN 55413			SVP - Clinical Controls					

# **Signatures**

/s/ Elizabeth M. Dunshee as Attorney-in-Fact for Marcel Veronneau pursuant to Power of Attorney previously filed.

08/20/2015

\*\*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).
- (1) Vests in full or in part if certain performance goals are achieved during each of the 2016, 2017 and 2018 fiscal years.
- (2) Each restricted stock unit represents a contingent right to receive one share of Bio-Techne common stock.

#### **Remarks:**

This amendment is being filed solely to correct the number of options and restricted stock units granted on August 7, 2015 as 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.

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