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PULTEGRO	DUP INC/MI/									
Form 4										
February 01										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						MMISSION	OMB APPROVAL			
						OMB Number:	3235-0287			
Check th		Washington, D.C. 2004)						Expires:	January 31,	
if no lon subject t		MENT OF C	HANGES IN	BENEF	ICIA	L OWN	ERSHIP OF	•	2005	
	Section 16. SECURITIES						Estimated average burden hours per			
Form 4 o							response	0.5		
Form 5 obligatio			ion 16(a) of th			•				
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
<i>See</i> Instr 1(b).	ruction	50(II) 0I t	ne mvesunen	Compan	ly AC	1 01 1940				
1(0).										
(Print or Type	Responses)									
		- *								
1. Name and Address of Reporting Person * Ellinghausen James R2. Issuer Name and Ticker or Trading Symbol5. Relationship of Issuer					-	Reporting Pers	on(s) to			
Linnghause		•	nbol ILTEGROUP	INC/MI/	IDHI					
					[1 111	vij	(Check all applicable)			
(Last)	Date of Earliest T onth/Day/Year)	ate of Earliest Transaction				10%	Owner			
							Director _X Officer (give	title Othe	or (specify	
NORTHEAST, SUITE 150			01/00/2017				below) below) Exec. Vice President-HR			
	(Street)	4. I	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			ed(Month/Day/Yea	-			Applicable Line)			
X Form filed b						One Reporting Person More than One Reporting				
ATLANTA	, GA 30326					Ī	erson		porting	
(City)	(State)	(Zip)	Table I - Non-J	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities Acquired				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Dat		omr Dispos	ed of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Y	Code Year) (Instr. 8)	(Instr. 3, 4	and 5	5)	Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Wonth Day 1	car) (msu. o)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I) (I. (1)		
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common				Amount	(D)	Price \$				
Stock	01/30/2017		S	47,744	D	ф 21.003	435,187	D		
						_1.000				

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)

Der Sec	Title of ivative urity str. 3)	2. Conversion or Exercise Price of Derivative Security	onversion (Month/Day/Year) Execution Date, if TransactionNumber Exp. Exercise any Code of (Mo ice of (Month/Day/Year) (Instr. 8) Derivative erivative Securities curity Acquired		Expiration D (Month/Day e	Expiration Date (Month/Day/Year)		tle and unt of crlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo		
						 (A) or Disposed of (D) (Instr. 3, 4, and 5) 						Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners												
	Re	porting Owne	er Name / Address	Relationships Director 10% Owner Officer					Other			
	• 1	T		Director	1070 Owner	onicer			onici			

Exec. Vice President-HR

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Ellinghausen James R 3350 PEACHTREE ROAD NORTHEAST SUITE 150 ATLANTA, GA 30326

Signatures

/s/ Steven M. Cook, Attorney-In-Fact

02/01/2017

Date

**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).

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.