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ROGERS CC	ORP										
Form 4											
January 14, 2	016										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
. •	• UNITI	ED STATES					NGE CO	OMMISSION	OMB	3235-0287	
Check this	s box		vv asi	lington	, D.C. 20	549			Number:	January 31,	
if no longe	er STAT	FMENT O	FCHAN	TES IN	BENEE			FRSHIPOF	Expires:	2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated average			
Section 16 Form 4 or				SECU					burden hours per response 0.5		
Form 5		pursuant to	Section 16	(a) of th	ne Securit	ies Ez	change	Act of 1934,	response	0.5	
obligation	⁸ Section	•					•	1935 or Section	ı		
may conti See Instru	nue.		of the Inv	•	•	· ·			-		
1(b).	cuon				1	5					
(Print or Type R	esponses)										
1 Name and A	dress of Repor	ting Person *	2.1	NT	J.T. 1	т I.		5 Relationship of	Reporting Pers	on(s) to	
CLANDON CADY M				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symbol				S CORP [ROG]							
(T)		AC1 11 \						(Check	c all applicable)	
(Last)	(First)	(Middle)	3. Date of 1		ransaction			Dimenter	100/	0	
C/O ROGER	• c		(Month/Da 01/12/20	-					e title Other (specify		
CORPORAT			01/12/20	10				below) below)			
TECHNOLO		PO BOX						VP, and	Chief HR Offic	cer	
188											
	(Street)		4 If ∆men	dment D	ate Origina	I		6 Individual or Io	int/Group Filin	g(Check	
· / / ·····				dment, Date Original n/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Theatmin	1/Duj/10u	-)			_X_ Form filed by O	ne Reporting Per	rson	
ROGERS, C	T 06263							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)				~ .					
(eny)	(blute)	(Zip)	Table	I - Non-I			-	iired, Disposed of,	, or Beneficiall	ly Owned	
1.Title of		n Date 2A. De		3. T			cquired	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/	Year) Execut any	ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	Ownership Form: Direct	Indirect Beneficial	
(11541. 5)		-	n/Day/Year) (Instr. 8)				Owned	Form: Direct Beneficial (D) or Ownership	Ownership		
			-					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Constant				Code	V Amoun	t (D)	Price	(
Capital	01/10/001/	-		I (1)	29.66	٨	\$	10 101 700	D		
(Common) Stock	01/12/2016)		J <u>(1)</u>	29.66	А	43.83	12,181.733	D		
Stock											

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

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 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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
GLANDON GARY M C/O ROGERS CORPORATION ONE TECHNOLOGY DRIVE PO BOX 188 ROGERS, CT 06263			VP, and Chief HR Officer				
Signatures							
Michele Penkauskas as Power of Attorney	01/14/20	16					
**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) This report is being filed to report the acquisition of shares (at a discount price) by the reporting person under the Rogers Corporation Global Stock Ownership Plan for Employees (an employee stock purchase 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.