## Edgar Filing: ROGERS CORP - Form 4

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Form 4 February 12,											
FORM	1								OMB AF	PROVAL	
	UNITE	D STATES		ITIES A hington,			NGE CO	MMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	er <b>STATI</b> 5.								Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	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 R	esponses)										
Knoll Jay B Symbol								. Relationship of Reporting Person(s) to ssuer			
			ROGERS CORP [ROG]					(Check all applicable)			
(Month/Da 02/10/20 (Street) 4. If Amer								Director 10% Owner _X Officer (give title Other (specify below) below) VP & General Counsel			
				onth/Day/Year) Ap				5. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ROGERS, C	T 06263						_	Form filed by Mo erson			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acquir	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execution any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8) Code V	omr Dispos (Instr. 3,	sed of		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)	
Capital (Common) Stock	02/10/2016			А	4,050 (1)	A	\$ 45.8253	7,792	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Knoll Jay B ONE TECHNOLOGY DRIVE ROGERS, CT 06263			VP & General Counsel					
Signatures								
Michele Penkauskas as Power of Attorney	of	02/12/	2016					
<u>**</u> Signature of Reporting Person		Da	te					
Evaluation of Boononooo								

## **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).

Represents the award of Time-Based Restricted Stock Units that convert to common stock on a one-for-one basis pursuant to the 2009 Long-Term Equity Compensation Plan. This Time-Based Restricted Stock Unit award vests in equal one-third increments on each of the first three (3) anniversaries of the Grant Date provided that the Grantee is then employed by the Company or an Affiliate. Restricted

(1) Instance (5) anniversaries of the Grant Date provided that the Grantee is their employed by the Company of an Armate. Restricted stock Units that are unvested as of the date of the Grantee's employment termination for any reason other than death, disability or retirement shall be forfeited. If the Grantee dies, becomes disabled or retires prior to the third anniversary of the Grant Date, a pro-rated amount of the remaining unvested Stock Units in the grant would vest.

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.