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AUTONATI	ON, INC.										
Form 4											
June 04, 201	4										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL				
							OMB	3235-0287			
Check thi	s box		was	nington,	D.C. 20	549			Number:	January 31,	
if no long	or		E CILAN	CES IN I	DENIEF			NEDSHID OF	Expires:	2005	
subject to)		г спан	GES IN BENEFICIAL OWNERSHIP SECURITIES				NERSHIP OF	Estimated average burden hours per		
Section 1 Form 4 or											
Form 5		repart to	Section 1	5(a) of the	- Securit	ies F	vchang	e Act of 1934,	response	0.5	
obligation	¹⁸ Section 170						-	⁷ 1935 or Section	,		
may cont	inue.			vestment	•	· ·			1		
<i>See</i> Instru 1(b).	iction	50(11)	or the m	vestment	compu	.y 110	101171	0			
1(0).											
(Print or Type F	Responses)										
	ddress of Reporting	Person [*]	2. Issuer	Name and	Ticker or					son(s) to	
SCULLY C	HERYL		Symbol					Issuer			
			AUTON	JATION,	INC. [A	N]		(Checl	k all applicable	.)	
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction			(Check	x an appneasie		
			(Month/D	ay/Year)				Director		Owner	
200 SW 1ST	TAVE, SUITE 1	600	06/02/2	014				X Officer (give below)	title Other below)	er (specify	
								· · · · · · · · · · · · · · · · · · ·	/P and CFO		
	(Street)		4 If Ame	ndment Da	te Origina	1		6 Individual or Io	int/Group Filir	or (Check	
· · · · · · · · · · · · · · · · · · ·			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
					, 			_X_ Form filed by C			
FORT LAU	DERDALE, FL	33301						Form filed by M Person	ore than One Re	porting	
(C:t)	(Stata)	(7:)									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)					Securities Beneficially	Form: Direct			
(Instr. 3)		any (Month/Da			Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)					Beneficial Ownership	
		(intoliting)	Juy/ I cui)	(Instr. 0)				Owned Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common											
Stock, par	06/02/2014			F	516	D	\$	8,627	D		
value \$0.01				•	010	-	57.44	0,027	-		
per share											

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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 57.44	06/02/2014		А	11,207	<u>(1)</u>	03/03/2024	Common Stock, par value \$0.01 per share	11,207

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SCULLY CHERYL 200 SW 1ST AVE SUITE 1600 FORT LAUDERDALE, FL 33301			EVP and CFO				
Signatures							
/s/ Jonathan P. Ferrando, Attorney-in-Fact		06/04/201	14				
**Signature of Reporting Person		Date					
Explanation of Recoonces							

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) The option becomes exercisable in 25% annual increments on each of the first four anniversaries of June 1, 2014, subject to continuous employment with the Company.

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.