

SCHIPPERS HARRIE
Form 4
September 07, 2018

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person *
SCHIPPERS HARRIE

2. Issuer Name and Ticker or Trading Symbol
PACCAR INC [PCAR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
777 106TH AVE NE
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
09/05/2018

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
PRESIDENT & CFO

BELLEVUE, WA 98004

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
COMMON STOCK					28,698	D	
COMMON STOCK ⁽¹⁾	09/05/2018		J ⁽²⁾		2.649	A	\$ 69.91

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.

SEC 1474 (9-02)

Edgar Filing: SCHIPPERS HARRIE - Form 4

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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	8. Amount or Number of Shares
STOCK OPTION (3)	\$ 50.5					01/01/2014 02/03/2021	COMMON STOCK	9,414
STOCK OPTION (3)	\$ 43.24					01/01/2015 02/02/2022	COMMON STOCK	15,854
STOCK OPTION (3)	\$ 47.81					01/01/2016 02/06/2023	COMMON STOCK	11,424
STOCK OPTION (3)	\$ 59.15					01/01/2017 02/07/2024	COMMON STOCK	10,848
STOCK OPTION (3)	\$ 62.46					01/01/2018 02/04/2025	COMMON STOCK	8,654
STOCK OPTION (3)	\$ 50					01/01/2019 02/04/2026	COMMON STOCK	11,568
STOCK OPTION (3)	\$ 67.63					01/01/2020 02/07/2027	COMMON STOCK	24,572
STOCK OPTION (3)	\$ 68.69					01/01/2021 02/07/2028	COMMON STOCK	29,052

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

SCHIPPERS HARRIE
777 106TH AVE NE
BELLEVUE, WA 98004

PRESIDENT
& CFO

Signatures

Harrie Schippers

09/06/2018

 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) Shares held in PACCAR Savings Investment Plan (SIP).
 - (2) September 5, 2018 dividend on PACCAR Savings Investment Plan (SIP) shares reinvested pursuant to SIP.
 - (3) Option to buy awarded under PACCAR LTIP.

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.