#### MODIC MICHAEL T

Form 4

February 05, 2018

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number:

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Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

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(b).

(Last)

1. Name and Address of Reporting Person \* MODIC MICHAEL T

2. Issuer Name and Ticker or Trading Symbol

ANALOGIC CORP [ALOG]

5. Relationship of Reporting Person(s) to

Issuer

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year)

02/01/2018

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify

THE CLEVELAND CLINIC FOUNDATION, DIV OF

RADIOLOGY / HB6, 9500 EUCLID

(Street)

(First)

**AVE** 

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

CLEVELAND, OH 44195

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported Transaction(s)

(A)

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: MODIC MICHAEL T - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number 6. Date Exerc		cisable and	sable and 7. Title and A		8. Pric			
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctio	` `		ate	, ,		Deriva	
Security	or Exercise		any	Code				(Month/Day/Year)			Securi	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8)						(Instr.	
	Derivative					(A) or						
	Security					Disposed of						
					(D)							
					(Instr. 3, 4,							
						and 5)						
				Code	v	(A)	(D)	Date	Expiration	Title	Amount	
				Couc	•	(A)	(D)	Exercisable	Date	THE	or	
								Excicisable	Date		Number	
											of	
											Shares	
											Silates	
Deferred										~		
Stock	\$ 0	02/01/2018		A		1,460		(1)	(2)	Common	1,460	\$
	ΨΟ	02/01/2010		11		1,-100		<del></del>	<del></del>	Stock	1, 100	Ψ
Units												

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MODIC MICHAEL T THE CLEVELAND CLINIC FOUNDATION DIV OF RADIOLOGY / HB6, 9500 EUCLID AVE CLEVELAND, OH 44195	X					

# **Signatures**

/s/ John J. Fry, by Power of Attorney For Michael T. Modic

02/05/2018

\*\*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) The Reporting Person has elected, as permitted by the Issuer's Non-Employee Director Stock Plan, to receive the deferred stock units upon termination of his or her service as a member of the Board of Directors of the Issuer.
- (2) The Reporting Person has elected as permitted by the plan to receive the deferred stock units upon termination of his or her service as a member of the Board of Directors of the Issuer.

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.

Reporting Owners 2