Edgar Filing: Mullen Frank - Form 4

Mullan Engel

| Form 4 | | | | | | | | | | | | |
|--|---|---|--|---|------|-----------------------------------|------------------------------|---------------------|--|---|---|--|
| February 25, FORM | Л | STATES S | | | | | | NGE (| COMMISSION | | PROVAL 3235-0287 | |
| Check thi if no long subject to Section 10 | er STATEM 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Number:January 31Expires:2005Estimated averageburden hours perresponse0.5 | | |
| Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b). | Filed purs | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| Maillan Enouls | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | R | RYDER SYSTEM INC [R] (Check all applicable) | | | | | | 2) | | | | |
| (Mont | | | . Date of Earliest Transaction Month/Day/Year) 2/21/2019 | | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Vice President and Controller | | | |
| | | | | nendment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MIAMI, FL | 33178 | | | | | | | | Form filed by N Person | fore than One Re | porting | |
| (City) | (State) (| Zip) | Table | e I - Noi | n-De | erivative S | Securi | ities Ace | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemec Execution D any (Month/Day | Date, if | Code (Instr. | 8) | n(A) or Di (D) (Instr. 3, - | sposed 4 and (A) or | 1 of 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 Indirect Beneficial Ownership (Instr. 4) | |
| common stock | 02/21/2019 | | | Code $F^{(1)}$ | V | Amount 15 | (D) D | Price \$ 63.9 | 4,364 | 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. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--------------------------------------|--|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | 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 | | | | |
| Mullen Frank 11690 N.W. 105TH STREET MIAMI, FL 33178 | | | Vice President and Controller | | | | | |
| Signatures | | | | | | | | |
| /s/ Indira Sordo by power of attorney | | 02/25/2019 | | | | | | |
| **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) Represents shares of common stock withheld by the Company for the payment of taxes due upon the vesting of restricted stock rights granted to the reporting person on February 21, 2018.

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.