### Edgar Filing: ADVANCED DRAINAGE SYSTEMS, INC. - Form 4

ADVANCI Form 4 June 15, 20	ED DRAINAGE S	SYSTEMS	, INC.									
										OMB AP	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB Number:	3235-0287	
Check t if no lo	nger									Expires:	January 31,	
subject Section Form 4	to SIAIE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES									2005 verage s per 0.5	
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Fridu put	(a) of the F	Public U	Jtility	Ho		ipany	Act of 1	Act of 1934, 935 or Section			
(Print or Type	e Responses)											
1. Name and CHLAPA							Relationship of Reporting Person(s) to suer (Check all applicable)					
(Last)	(First)	(Middle)				Fransaction			_X Director	X 10%	Owner	
C/O ADV	ANCED DRAINA 5, INC., 4640 TRU	AGE	(Month/) 06/13/2	Day/Ye		ransaction		_	XOfficer (give t elow)		r (specify	
	(Street)		4. If Am Filed(Mo			Date Original ar)		A	Individual or Joi pplicable Line) X_ Form filed by Ou _ Form filed by Mo	ne Reporting Per	son	
	D, OH 43026	(7:-)							erson			
(City)	(State)	(Zip)	Tab	ole I - N	lon-	Derivative	Securi	ties Acquir	ed, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transa Code (Instr.	8)	4. Securitie mDisposed o (Instr. 3, 4) Amount	f (D)		<ul> <li>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/13/2016			Р		35,000	А	\$ 25.9811 (1)	9,889,025	Ι	By Trust	
Common Stock	06/14/2016			G	V	255,000	D	\$0	9,634,025	Ι	By Trust	
Common Stock									182,331	D		
Common Stock									500	Ι	By Wife	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisat	ble and	7. Title an	nd 8.	. Price of	9. Nu
Derivative	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date		Amount o	of D	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year	ur)	Underlyin	ng S	ecurity	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	s (I	Instr. 5)	Bene
	Derivative				Securities	1		(Instr. 3 at	nd 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								Am	nount		
								or	nount		
							piration		ımber		
						Exercisable Da	ate	of			
				Code V	(A) (D)				ares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
F8	Director	10% Owner	Officer	Other			
CHLAPATY JOSEPH A C/O ADVANCED DRAINAGE SYSTEMS, INC. 4640 TRUEMAN BOULEVARD HILLIARD, OH 43026	Х	Х	Chairman, President & CEO				
Signatures							

/s/ Joseph A. 06/15/2016 Chlapaty

\*\*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).

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$25.89 to \$26.23, inclusive. The reporting person undertakes to provide to Advanced Drainage Systems, Inc., any security holder of

(1) Advanced Drainage Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

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.