### Edgar Filing: GRAVES JEFFREY A - Form 4

GRAVES JEFI Form 4 May 07, 2018	FREY A								
FORM	4 <sub>UNITED</sub>	STATES					COMMISSION		PPROVAL 3235-0287
Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu	STATEM Filed pur Section 17	F CHAN Section	NGES IN SECUI 16(a) of th Jtility Hol	RITIES he Securit lding Con	ICIAL O ies Excha npany Act	WNERSHIP OF nge Act of 1934, of 1935 or Sectio	Estimated burden hou response	January 31, 2005 average urs per	
<i>See</i> Instructi 1(b).		30(h)	of the I	nvestmen	t Compar	y Act of 1	940		
(Print or Type Res	ponses)								
1. Name and Address of Reporting Person <u>*</u> GRAVES JEFFREY A			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEXCEL CORP /DE/ [HXL]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (Ch				ck all applicable)		
HEXCEL CO TRESSER BL			(Month/) 05/03/2	Day/Year) 2018			X_ Director Officer (giv below)		% Owner her (specify
			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
STAMFORD,	CT 06901						Person	wore than one K	eporting
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned
	Transaction Date Ionth/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) 4 and 5) (A) or	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report	on a separate line	e for each cla	ass of sec	urities bene	ficially own	ned directly	or indirectly.		
					inforn requir	nation cont ed to resp lys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)

 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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Instr. 3) Price of Derivative Security		(Month/Day/Year)	(Instr.	]		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	05/03/2018		А		1,595		(2)	(2)	Common Stock	1,595	3

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r g the test of the test	Director	10% Owner	Officer	Other			
GRAVES JEFFREY A HEXCEL CORPORATION 281 TRESSER BLVD., 16TH FLOOR STAMFORD, CT 06901	Х						
Signatures							
/s/ Steven A. Wein, as attorney-in-fact for Graves	05/0	07/2018					
**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) Each restricted stock unit ("RSU") represents a contingent right to receive one share of Issuer common stock.
- The RSUs vest ratably over the twelve months following the date of grant. In accordance with the Reporting Person's deferral election,(2) shares of Issuer common stock underlying vested RSUs will be issued to the Reporting Person following the time that the Reporting Person ceases to be a member of the Issuer's Board of Directors.

#### **Remarks:**

#### Exhibit List Exhibit 24 - Power of Attorney

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.