Edgar Filing: CIBER INC - Form 4

CIBER INC												
Form 4												
August 27, 20	014											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL			
	- UNITED	SIAIE					NGE (OMB Number:	3235-0287		
Check this box				inington, i	nington, D.C. 20549				lanuary 31			
if no longer STATEMENT OF CHANG				GES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
subject to Section 10									Estimated average burden hours per			
Form 4 or		SECURITIES						response 0.5				
Form 5	Filed put	rsuant to	Section 16	6(a) of the	Securiti	es Ex	chang	ge Act of 1934,	·			
obligatior may conti								f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment (Company	Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
HEITZ JEAN FRANCOIS Symbol								Issuer				
			CIBER	INC [CBR]				(Check all applicable)				
(Last)	(First) (A	Middle)	3. Date of Earliest Transaction				t un uppricubic)					
			(Month/Da	•				_X_ Director 10% Owner				
6363 SOUTH FIDDLER'S GREEN 08/25/24 CIRCLE, SUITE 1400			08/25/20	$014 \qquad \qquad \frac{1}{below} Off$				Officer (give below)	(give title Other (specify below)			
CIKCLE, SU												
				endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
GREENWO	OD							Form filed by M				
VILLAGE,	CO 80111							Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat			3. 4. Securities				5. Amount of Securities	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	on Date, if	on Date, if TransactionAcquired (A) or Code Disposed of (D)					Form: Direct (D) or	Indirect Beneficial			
(1150.5)		/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	Indirect (I)	Ownership				
								(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock, \$.01	08/25/2014			M (1)	6,125	А	\$0	59,998	D			
par value					, -		,					

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. Transactio Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	(2)	08/25/2014		М		6,125	08/25/2014 <u>(3)</u>	<u>(4)</u>	Common Stock, \$.01 par value	6,125

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
HEITZ JEAN FRANCOIS 6363 SOUTH FIDDLER'S GREEN CIRCLE SUITE 1400 GREENWOOD VILLAGE, CO 80111	Х						
Signatures							
By: Sean Radcliffe For: Jean-Francois Heitz	08/27/	/2014					
**Signature of Reporting Person	Dat	e					

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 acquired upon release of restricted stock units.
- (2) Each Restricted Stock Unit represents a contingent right to receive one share of CIBER, Inc. common stock.
- (3) The Restricted Stock Units vest in equal quarterly installments over a period of one year.
- (4) RSU converts to common stock over 1 year life (per vesting schedule)

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.