COLUMBUS MCKINNON CORP

Form 4 May 19, 2016

FORM 4

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

OMB 3235-0287 Number:

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

See Instruction

1(b).

(Print or Type Responses)

Name and Address of Reporting Person Steinberg Richard A	2. Issuer Name and Ticker or Trading Symbol COLUMBUS MCKINNON CORP [CMCO]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle) 205 CROSSPOINT PARKWAY	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2016	Director 10% Owner Officer (give titleX Other (specification) Former Officer		
(Street)	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		

GETZVILLE, NY 14068

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative Se	curitio	es Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transacti Code (Instr. 8)	4. Securities order Disposed (Instr. 3, 4 a	of (D)	` ′	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	05/18/2016		F	130.5275 (1)	D	\$ 14.5	15,583.6562 (2)	D	

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.

Person

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Deletionship

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips						
	Director	10% Owner	Officer	Other			
Steinberg Richard A 205 CROSSPOINT PARKWAY				Former Officer			
GETZVILLE, NY 14068				Officer			

Signatures

Richard A.
Steinberg

**Signature of Reporting Person

O5/19/2016

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 withheld to satisfy tax withholding obligation upon vesting of 364.5275 shares of restricted stock on 5/18/2016.
 - Includes 4,649.6562 shares of restricted stock issued to reporting person subject to forfeiture in whole or part; 909.5668 shares become fully vested and non-forfeitable 50% for two years beginning 5/20/2016; 574.8402 shares become fully vested and non-forfeitable on
- (2) 5/21/2016; 997.6587 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/19/2016; 1,094.5905 shares become fully vested and non-forfeitable 33.33% per year for three years beginning 5/18/2017; and the remaining 1,073 shares become fully vested and non-forfeitable on 5/20/2016, if reporting person remains an employee of 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.

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