Edgar Filing: SOMERS JEFFREY P. - Form 4

SOMERS JEF	FREY P.											
Form 4												
May 16, 2018												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this									Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNE					NERSHIP OF	Estimated average						
	Section 16.				ΓIES				burden hou			
Form 4 or								response	•			
Form 5 obligations	. ^						•	e Act of 1934,				
may contin				•	· ·			f 1935 or Sectio	n			
See Instruc		30(h)	of the Inv	estment C	Company	Act	of 194	10				
1(b).												
(Print or Type Re	esponses)											
1. Name and Ad	dress of Reporting	Person *	2 Issuer 1	Name and T	icker or T	radino	7	5. Relationship of	Reporting Pers	son(s) to		
SOMERS JE		2. Issuer Name and Ticker or Trading Symbol SELECT INCOME REIT				Issuer						
	•											
			[NASDAQ:SIR]					(Check all applicable)				
(Last)	(First) (-			f Earliest Transaction				X Director 10% Owner			
				(Month/Day/Year)				Officer (give title Other (specify				
C/O THE RM	IR GROUP LL	C, TWO	05/16/20	-				below) below)				
NEWTON PI	L., 255 WASH.	ST.,										
STE. 300												
	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)					Applicable Line)					
				•				_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEWTON, M	1A 02458							Form filed by M Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Da						5. Amount of	6. Ownership				
Security	(Month/Day/Yea		ion Date, if	TransactionAcquired (A) or				Securities	Form: Direct	Indirect Beneficial		
(Instr. 3) any (Month			Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Ownership			
		(-)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common												
Shares of	05/16/2018			А	3,000	А	<u>(1)</u>	17,500	D			
Beneficial Interest												
merest												

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
Toporting C where	Director	10% Owner	Officer	Other			
SOMERS JEFFREY P. C/O THE RMR GROUP LI TWO NEWTON PL., 255 V NEWTON, MA 02458		Х					
Signatures							
/s/ Jeffrey P. Somers	05/16/2018						

**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) Transaction reported is grant of shares pursuant to the Issuer's equity compensation plan.

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.