Edgar Filing: HARTE HANKS INC - Form 4

HARTE HAI	NKS INC										
Form 4											
April 17, 201	7										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check thi				0					Expires:	January 31,	
if no long subject to		AENT OI	F CHAN	GES IN I	BENEFI	CIAI	LOW	NERSHIP OF	Estimated average		
Section 1				SECUR	ITIES				burden hours per response 0.5		
Form 4 or											
Form 5 obligatior	1 0						•	e Act of 1934,			
may conti				•	•	• •		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Company	/ Act	of 194	10			
1(b).											
(Print or Type R	Responses)										
1. Name and A PUCKETT 1	Lange					5. Relationship of Issuer	ationship of Reporting Person(s) to				
FUCKLIII	KAKLIN A		Symbol					155401			
НАК				ARTE HANKS INC [HHS]				(Check all applicable)			
(Last)	(First) (Middle)		Earliest Tra	ansaction						
				nth/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify			
	, SUITE 610		04/15/20)1/				below)	below)	a (specify	
TKELWAT	, SUIL 010							Pres	ident and CEO		
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filir	g(Check	
Filed(M				(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	NUO TV 70216							_X_ Form filed by C Form filed by N			
SAN ANTO	ONIO, TX 78216							Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securition(A) or Dis (Instr. 3, 4	sposed	of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock	04/15/2017			F	16,866 (1)	D	\$ 1.28	443,016	D		

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)

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underly Securit (Instr. 3	t of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PUCKETT KAREN A 9601 MCALLISTER FREEWAY SUITE 610 SAN ANTONIO, TX 78216	Х		President and CEO					
Signatures								
/s/ Robert L. R. Munden, Power of Attorney		04/17/2	2017					
**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) These shares were withheld from a previously reported grant of restricted stock made pursuant to the Harte-Hanks, Inc. 2013 Omnibus Incentive Plan in order to pay applicable withholding taxes upon vesting.

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.