Edgar Filing: PEARCE CHARLES A - Form 4

PEARCE CH	IARLES A										
Form 4											
February 17,	2010										
FORM	4									PPROVAL	
	UNITED) STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long	or								Expires:	January 31,	
subject to	NIA IH	MENT O	F CHAN			CIAI	LOW	NERSHIP OF	Estimated average		
Section 10	6.			SECUR	ITIES					burden hours per	
Form 4 or Form 5			0 . 1		а ···	г	1	A (\$1024	response	0.5	
obligation	· · · · ·						-	ge Act of 1934, of 1935 or Sectio	'n		
may conti	inue.) of the Inv	•	•	- ·			011		
See Instru 1(b).	iction	50(11)) of the my	estment	compan	y 1100	01 17	10			
(Print or Type R	Responses)										
1. Name and A PEARCE CI	ddress of Reporting HARLES A	g Person <u>*</u>	2. Issuer Symbol	Name and	Ticker or 7	Fradin	g	5. Relationship o Issuer	f Reporting Per	son(s) to	
			CREDIT [CACC]	ACCEP	TANCE	COR	P	(Chee	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			Director		6 Owner	
05505 WEDG			(Month/Da	-				X Officer (giv below)	e title Oth below)	er (specify	
ROAD	T TWELVE M	ILE	02/12/20	010				Chie	ef Legal Officer	r	
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or J	oint/Group Fili	ng(Check	
			Filed(Mon	h/Day/Year)				Applicable Line)			
SOUTHFIE	LD, MI 48034							_X_ Form filed by Form filed by I Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Da		emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea		on Date, if	Transactio Code	onAcquired Disposed			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month	/Day/Year)	(Instr. 8)	(Instr. 3,		·	Owned	Indirect (I)	Ownership	
			-					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	A	or	Deter	(Instr. 3 and 4)			
Common				Code V	Amount 4,000	(D)	Price				
Stock	02/12/2010			А	(1)	А	\$0	10,460 <u>(2)</u>	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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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						
	Director	10% Owner	Officer	Other			
PEARCE CHARLES A			Chief				
25505 WEST TWELVE MILE ROAD			Legal				
SOUTHFIELD, MI 48034			Officer				
A ! .							

Signatures

/s/ Charles A.	02/17/201
Pearce	02/17/201

<u>**</u>Signature of Reporting Person Date

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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).

Represents the vesting of performance-based restricted stock units granted under the Company's Incentive Compensation Plan. Each(1) restricted stock unit represents and has a value equal to one share of common stock of Credit Acceptance Corporation. Shares will be distributed to Mr. Pearce on February 22, 2016.

(2) Includes 4,000 restricted stock units that have vested under the Company's Incentive Compensation Plan. Also includes 5,480 shares of unvested time-based restricted stock under the Company's Incentive 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.