#### C H ROBINSON WORLDWIDE INC

Form 4 October 06, 2015

### FORM 4

if no longer

subject to

Section 16.

Form 4 or

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

Check this box

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

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

EDEN PRAIRIE, MN 55347

(State)

(City)

Stock

2. Issuer Name and Ticker or Trading STAKE JAMES B Issuer Symbol C H ROBINSON WORLDWIDE (Check all applicable)

INC [CHRW]

(Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

14701 CHARLSON ROAD 09/30/2015 (Street)

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

4. Securities

(A)

or

Securities Beneficially Owned Following Reported

5. Amount of

X\_ Director

Applicable Line)

below)

Person

Officer (give title

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

10% Owner

Other (specify

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price Common

400

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.

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

### Edgar Filing: C H ROBINSON WORLDWIDE INC - Form 4

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)	Derivative	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (Restricted Stock Units)	<u>(1)</u>	09/30/2015		A	636 (2)	(3)	(3)	Common Stock	636	<u>(2</u>

### **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
STAKE JAMES B 14701 CHARLSON ROAD EDEN PRAIRIE, MN 55347	X					

## **Signatures**

Troy Renner, Attorney-in-Fact for James B.

Stake 10/06/2015

\*\*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) Each phantom share/restricted stock unit will be paid in one share of common stock.
- Of the 636 restricted stock units, 461 were granted at no cost to the reporting person as the quarterly installment of an annual equity-based (2) award provided to each non-employee director, and 175 were granted at a price of \$67.78 per unit in connection with the reporting person's election to defer receipt of the most recent quarterly cash retainer payment.
- (3) Following the reporting person's termination of service as a director, vested restricted stock units become payable in shares of common stock according to the schedule previously chosen by the reporting person.

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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