## Edgar Filing: Faria Joao V - Form 4

Faria Joao V											
Form 4											
June 19, 201	8										
FORM	14		GECUD							PPROVAL	
	UNITE	ED STATES		shington,			NGE	COMMISSION	OMB Number:	3235-0287	
Check the									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIA					<b>CIA</b>	LOW	<b>NERSHIP OF</b>		2005		
Section 1	Section 16. SECURITIES						Estimated average burden hours per				
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obligation		-						ge Act of 1934, f 1935 or Sectio	n		
may cont	inue.		) of the In	•	•	· ·			11		
See Instru 1(b).	uction	50(11)	) of the m	vestment	compun	y 110	. 01 17	10			
(Print or Type F	Responses)										
1 Name and A	ddress of Report	ing Person *	2 Laguar	Nama and	Tielten on	Tuodiu		5. Relationship of	Reporting Per	son(s) to	
1. Name and Address of Reporting Person <u>*</u> Faria Joao V				2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer			
			•	orp plc [E	ETN]						
				3. Date of Earliest Transaction				(Check all applicable)			
				(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
			06/15/2018								
								· · · · · · · · · · · · · · · · · · ·	Remarks below	•	
	(Street)		4. If Ame	ndment, Da	te Origina			6. Individual or Jo	oint/Group Filin	ng(Check	
Filed(Mo			Filed(Mon	ed(Month/Day/Year)				Applicable Line)			
CLEVELAN		<b>`</b>						_X_ Form filed by 0 Form filed by N	One Reporting Pe Aore than One Re		
CLEVELAI	ND, OH 44122	2						Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of					Securities	Form: Direct Indirec	Indirect Beneficial	
(Instr. 3)		any (Month/	Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				5)	Beneficially Owned		Ownership	
			•					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Ordinary	0.644						\$	10.040	-		
Shares	06/15/2018			F	298 <u>(1)</u>	D	78.6	49,862	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. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code Y	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Faria Joao V 1000 EATON BLVD. CLEVELAND, OH 44122			See Remarks	s below.			
Signatures							
/s/ Lizbeth L. Wright, as Attorney-in-Fact	06/19/2018						
<u>**</u> Signature of Reporting Person		Da					
Explanation of Responses:							

## **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 ordinary shares were delivered to the Issuer to pay for the applicable withholding tax due upon vesting of certain restricted shares.

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.