Edgar Filing: Kohl Simeon - Form 4

| Kohl Simeon Form 4 August 13, 20 FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | D18 4 UNITED S s box er STATEM 5. Filed purs s section 17(a | STATES SECUE Wa EENT OF CHAN suant to Section 1 a) of the Public U 30(h) of the In | shington, IGES IN I SECUR 6(a) of the tility Hold | D.C. 20 BENEFI ITIES e Securit ling Com | 549 CCIA ies E ipany | L OW xchang Act o | NERSHIP OF ge Act of 1934, of 1935 or Sectio | OMB Number: Expires: Estimated a burden hou response | irs per |
|---|--|---|---|---|--|---|--|--|---|
| (Print or Type R 1. Name and Ad Kohl Simeor | Symbol | 2. Issuer Name and Ticker or Trading Symbol Performant Financial Corp [PFMT] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| ^(Last) 333 NORTH PARKWAY | (Month/I | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2018 | | | | (Check all applicable) <u>X</u> Director <u>10%</u> Owner <u>X</u> Officer (give title <u>Other (specify below)</u> Vice President of Healthcare | | | |
| LIVERMOR | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) Tab | le I - Non-D | erivative S | Securi | ities Ac | quired, Disposed o | of, or Beneficia | lly Owned |
| 1.Title of Security (Instr. 3) | Title of curity2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any | | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | or)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock, par value \$0.0001 per share | 08/09/2018 | | Code V S <u>(1)</u> | Amount | | Price \$ 2.2 | (Instr. 3 and 4) 42,550 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Tit Amou Unde Secur (Instr | unt of rlying | 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 | | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|--|
| I. S. | Director | 10% Owner | Officer | Other | | | | |
| Kohl Simeon 333 NORTH CANYONS PARKWAY LIVERMORE, CA 94551 | | | Vice President of Healthcare | | | | | |
| Signatures | | | | | | | | |
| /s/ Ian A. Johnston, Attorney-in-Fact for Kohl | r Simeon | M. | 08/13/2018 | | | | | |
| **Signature of Reporting Person | | | Date | | | | | |
| Explanation of Deenen | | | | | | | | |

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) Reported transaction occurred pursuant to a Rule 10b5-1 trading plan established on June 8, 2018.

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.