Edgar Filing: Mason Brad - Form 4

Mason Brac	ł							
Form 4								
September	07, 2018							
FORM	ЛД		URITIES AND EXCHAN		OMB APPROVAL			
	OMB Number: 3235-0287							
Check t	laer				Expires: January 31,			
if no longer subject to Section 16. Form 4 or			ANGES IN BENEFICIAL SECURITIES	LOWNERSHIP OF	Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 Sec Instruction 1(c) Sec Instruction								
(Print or Type	Responses)							
1. Name and Address of Reporting Person _2. IssuerMason BradSymbol			suer Name and Ticker or Trading bl	5. Relationship of F Issuer	5. Relationship of Reporting Person(s) to Issuer			
		Ortho	ofix Medical Inc. [OFIX]	(Check	all applicable)			
(Last)	(First) (Middle) 3. Dat	e of Earliest Transaction	(eneck	un applicable)			
3451 PLAI	NO PARKWAY		h/Day/Year) 5/2018	_X_ Director _X_ Officer (give t below)	itle 10% Owner below) CEO			
	(Street)		mendment, Date Original Month/Day/Year)	Applicable Line)	nt/Group Filing(Check			
LEWISVII	LLE, TX 75056			_X_ Form filed by On Form filed by Mo Person	ne Reporting Person ore than One Reporting			
(City)	(State)	(Zip) T	able I - Non-Derivative Securit	ies Acquired, Disposed of,	or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code (Instr. 3, 4 and 5)	0) Securities Beneficially Owned Following Reported Transaction(s)	6.7. Nature ofOwnershipIndirectForm:BeneficialDirect (D)Ownershipor Indirect(Instr. 4)(I)(Instr. 4)			
Common Stock	09/05/2018		Code V Amount (D)	3.0218 147,841	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)	or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne
	Security			Acquired (A) or Disposed of (D)						Follo Repo Trans (Instr
				(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		
			Code V	(A) (D)	Excretisable	Dute		of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Maine / Address	Director	10% Owner	Officer	Other	
Mason Brad 3451 PLANO PARKWAY LEWISVILLE, TX 75056	Х		CEO		

Signatures

/s/ Kimberley A. Elting, Chief Legal and Administrative Officer, by power of			
attorney	09/07/2018		

**Signature of Reporting Person

- 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) The sale of shares reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 15, 2018.

The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$52.88 to \$53.29, inclusive. The reporting person undertakes to provide to Orthofix Medical Inc., any security holder of Orthofix Medical Inc., or the staff

 (2) Inclusive: The reporting person undertakes to provide to orthorix Medical file, any security holder of orthorix Medical file, of the start of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2) to this Form 4.

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.

Date