DRISCOLL WILLIAM LINDEKE

Form 4 April 03, 2019

FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction 1(b).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(City)

1. Name and Address of Reporting Person * DRISCOLL WILLIAM LINDEKE

(First)

Symbol

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading

POTLATCHDELTIC CORP [PCH]

3. Date of Earliest Transaction

(Month/Day/Year) 04/01/2019

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

C/O POTLATCHDELTIC CORPORATION, W. 601 FIRST

AVE., STE. 1600

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

_ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

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

SPOKANE, WA 99201

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

(State)

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

6. Ownership Form: Direct (I) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

10% Owner

Other (specify

Reported Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

(A)

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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionNumber Conversion

5.

6. Date Exercisable and **Expiration Date**

7. Title and Amount of Underlying Securities

8. Price Derivati

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		4)	Security (Instr. 5)		
				Code V	/ (A) (D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units (1)	\$ 0 (2)	04/01/2019		A	0	(3)	(3)	Common Stock	413.141	\$ 0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DRISCOLL WILLIAM LINDEKE C/O POTLATCHDELTIC CORPORATION W. 601 FIRST AVE., STE. 1600 SPOKANE, WA 99201

X

Signatures

/s/ Lorrie D. Scott Attorney-in-Fact

04/03/2019

**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).
 - Phantom stock units are credited to the reporting person's account on the transaction date in accordance with the provisions of the
- (1) PotlatchDeltic Corporation Deferred Compensation Plan for Directors II and will be paid on a 1-for-1 basis in shares of the issuer's common stock.
- (2) Each unit of phantom stock is the economic equivalent of one share of the issuer's common stock.
- (3) Phantom stock units will be paid upon the reporting person's termination from service with PotlatchDeltic in accordance with the provisions of the PotlatchDeltic Corporation Deferred Compensation Plan II for Directors.
- (4) Includes phantom stock allocated to the reporting person's Deferred Compensation Account since reporting person's last report that represent quarterly dividends.

Remarks:

William L. Driscoll

Director

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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