Edgar Filing: Panayiotou Stacey J. - Form 4

Panayiotou S Form 4	Stacey J.									
May 02, 201										
FORM	14 _{UNITED}	STATES	SECU	RITIES /	AND EXC	HANGE	COMMISSIO	NT	PPROVAL	
	DINIE	ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5		OF CHANGES IN BENEFICIAL C SECURITIES					Estimated burden hou response	irs per		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the	Public U	tility Hol		pany Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type I	Responses)									
1. Name and Address of Reporting Person <u>*</u> Panayiotou Stacey J.			2. Issuer Name and Ticker or Trading Symbol			Trading	5. Relationship of Reporting Person(s) to Issuer			
			GRAPHIC PACKAGING HOLDING CO [GPK]				(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
1500 RIVEI 100	REDGE PKWY.	, SUITE	05/01/2	-			below)	below) Human Resour	ces	
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	C A 20228		Filed(Mc	onth/Day/Yea	ır)		Applicable Line) _X_ Form filed by Form filed by	One Reporting P More than One R		
ATLANTA							Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative S	ecurities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)		A) or f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Rep	oort on a separate line	e for each c	lass of sec	urities bene	ficially owne	ed directly of	or indirectly.			
					informa require	ation cont d to respo s a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab				quired, Disp s, options, co		Beneficially Owned securities)	đ		
1. Title of Deri Security	ivative 2. Convers			Date 3A. D ear) Execu	Deemed ation Date, if	4. Transac		5. Date Exercisa Date	ble and Expiration	7. Tit Unde

Edgar Filing: Panayiotou Stacey J. - Form 4

(Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)	(Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Service-Based Restricted Stock Units	\$ 0	05/01/2019		А	18,979	02/21/2022(1)	02/21/2022 <u>(2)</u>	Con Ste
Performance-Based Restricted Stock Units	\$ 0	05/01/2019		А	37,957	02/21/2022(1)	02/21/2022 <u>(2)</u>	Con Ste
Service-Based Restricted Stock Units	\$ 0	05/01/2019		А	51,094	(4)	(2)	Con Ste

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Panayiotou Stacey J. 1500 RIVEREDGE PKWY. SUITE 100 ATLANTA, GA 30328			EVP, Human Res	ources			
Signatures							
/s/ Stacey J. Panayiotou By: La Attorney-in-Fact		05/02/2019					

**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 Restricted Stock Units vest and become payable on February 21, 2022, except in the event of of death, disability, retirement, involuntary termination or change in control.
- (2) The Restricted Stock Units expire upon the conversion and payment in shares of the Company's Common Stock as described under "Date Exercisable."

Date

- (3) This number represents payout at target. Actual payout may be adjusted up or down depending upon achievement of performance targets.
- (4) The Restricted Stock Units vest and become payable in three equal annual installments on the first, second and third anniversaries of the date of grant, except in the event of death, disability, retirement or involuntary termination without cause.

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.