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MARTEN TRANSPORT LTE Form 4 March 30, 2016)									
FORM 4 UNITED S							OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer							Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER						NERSHIP OF	Estimated average			
Section 16. SECURITIES							burden hours per response 0.5			
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							0.5		
obligations Section 17(a					-		n			
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting F MARTEN RANDOLPH L	. Issuer Name and Ticker or Trading mbol ARTEN TRANSPORT LTD IRTN]				5. Relationship of Reporting Person(s) to Issuer					
					(Check all applicable)					
(Last) (First) (M	(iddle) 3. Date of	Earliest Tra	insaction			_X_ Director	_X_109			
	fonth/Day/Year)				XOfficer (give titleOther (specify below) below)					
129 MARTEN STREET	/2016				Chairman of the Board and CEO					
(Street)	endment, Date Original			6. Individual or Joint/Group Filing(Check						
	(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
MONDOVI, WI 54755						Form filed by N Form filed by N Person				
(City) (State) ((Zip) Table	e I - Non-De	erivative S	ecuriti	ies Aco	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
		Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				
Common 03/29/2016 Stock		А	40.91 (1)		\$0	7,348,030.8 (2)	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)	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. ctionNumber of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	(Month/Day ve s 1	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MARTEN RANDOLPH L 129 MARTEN STREET MONDOVI, WI 54755	Х	Х	Chairman of the Board and CEO				
Signatures							
/s/ James J. Hinnendael, attorney-in-fact	03/30/2016						
**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).
- (1) Represents dividend equivalent rights that accrued on March 29, 2016.

Includes: (i) 2,280 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2019; (ii) 1,800 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2018, (iii) 1,800 shares granted under

(2) a Performance Unit Award Agreement that vest on 12/31/2016 through 12/31/2017, (iv) 803 shares granted under a Performance Unit Award Agreement that vest on 12/31/2016 and (v) 29,725.80 shares that the reporting person has deferred under the Issuer's deferred compensation plan.

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.