## Edgar Filing: MOERDYK CAROL B - Form 4

MOERDYK	CAROL B											
Form 4												
August 28, 20	017											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL			
	<b>UNITEI</b>	) STATES					NGE (	COMMISSION	OND	3235-0287		
Check this	boy		Was	hington,	D.C. 205	549			Number:			
Check this box if no longer							Expires:	January 31, 2005				
subject to	STATE	MENT O	F CHAN			CIAI	LOW	NERSHIP OF	Estimated a	Estimated average		
Section 16. SECURITIES								burden hou				
Form 4 or Form 5			~ • •		~	-			response 0.5			
obligation	~						-	ge Act of 1934,				
may conti				•	•	- ·		f 1935 or Sectio	n			
See Instru	ction	30(h)	of the Inv	vestment	Company	y Act	of 194	40				
1(b).												
(Print or Type R	esponses)											
(i iiii oi i jpo ii	esponses)											
1. Name and Address of Reporting Person *       2. Issuer Name and Ticker or Trading       5. Relationship of I								Reporting Person(s) to				
MOERDYK	-	-	Symbol	i vuine unu	Tieker of a	. ruuni	Б	Issuer	1 0			
			-	AMERICAN WOODMARK CORP								
			[AMWD]					(Check all applicable)				
(Last)	(First)	(Middle)	-	-	neaction			X Director	10%	6 Owner		
				3. Date of Earliest Transaction (Month/Day/Year)				Officer (give titleOther (specify				
10040 EAST	HAPPY VAL	LEY	08/24/20	-				below)	below)			
ROAD #25			00/2 1/20	, , ,								
	(Street)		4 If Amer	ndment, Dat	o Original			6 Individual or I	oint/Group Fili	ng(Chaok		
				th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 nea(mon	ul/Day/Teal)				_X_ Form filed by (	One Reporting Pe	erson		
SCOTTSDA	LE, AZ 85255							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if	TransactionAcquired (A) or					Form: Direct	Indirect		
(Instr. 3)			any (Month/Day/Year)		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	/	Beneficial Ownership		
		(INIOIIIII)	Day/ I cal)	(111501.0)	(1150.0) $(1150.0, 4 and 5)$			Following	(Instr. 4)	(Instr. 4)		
						$(\Lambda)$		Reported				
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/24/2017			А	630 <u>(1)</u>	Δ	\$0	15,670	D			
Stock	0012 11 2011				<u> </u>		ψŪ	10,070	-			

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		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 Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

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## **Reporting Owners**

			Relationships			
<b>Reporting Owner Name / Address</b>		Director	10% Owner	Officer		
MOERDYK CAROL B 10040 EAST HAPPY VALLEY ROAD SCOTTSDALE, AZ 85255	#25	Х				
Signatures						
Logan Slusher, 08 Attorney-In-Fact	8/28/201	17				

\*\*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) Award of service-based restricted stock units, which will vest on August 15, 2019.

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.