SAUL CENTERS INC

Form 4

November 14, 2016

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

OMB APPROVAL OMB

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

Form 5 obligations may continue.

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Friedman Joel Albert Issuer Symbol SAUL CENTERS INC [BFS] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title Other (specify 7501 WISCONSIN AVENUE, 15TH 11/11/2016 below) **FLOOR** Sr. V.P./Chief Acctng Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

BETHESDA, MD 20814

(State)

(7:m)

(City)

(City)	(State) (Table	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquiron(A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) P		d of (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)
Common Shares							8,959.37	I (1)	401K
Common Shares	11/11/2016		M	3,858	A	\$ 39.29	3,958	D	
Common Shares	11/11/2016		S	3,858	D	\$ 64	100	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Person

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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. Transactic Code (Instr. 8)	onof Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Employee Stock Option	\$ 41.82						05/13/2011(2)	05/13/2021	Common Stock	5,000
Employee Stock Option	\$ 39.29	11/11/2016		M		3,858	05/04/2012(2)	05/04/2022	Common Stock	3,858
Employee Stock Option	\$ 44.42						05/10/2013(2)	05/10/2023	Common Stock	10,00
Employee Stock Option	\$ 47.03						05/09/2014(2)	05/09/2024	Common Stock	10,00
Employee Stock Option	\$ 51.07						05/08/2015(2)	05/08/2025	Common Stock	10,00
Employee Stock Option	\$ 57.74						05/06/2016(2)	05/06/2026	Common Stock	10,00

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips							
	Director	10% Owner	Officer	Other				
Friedman Joel Albert								
7501 WISCONSIN AVENUE			Sr. V.P./Chief					
15TH FLOOR			Acctng Officer					
BETHESDA, MD 20814								

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Signatures

Scott V. Schneider, by Power of Attorney

11/14/2016

**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).
- Effective April 1, 2009, shares formerly held by the B.F. Saul Company Employees' Profit Sharing Reinvestment Trust were distributed (1) to the individual 401(k) plan accounts of participants. The number of shares reported represents the reporting person's beneficial ownership interest in the Saul Centers stock fund of the 401(k) plan.
- (2) The options vest 25% per year over four years from the date of grant.

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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