## Edgar Filing: JAEHNERT FRANK M - Form 4

JAEHNERT ]	FRANK M										
Form 4											
July 03, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287 January 31,			
Check this											
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NERSHIP OF	Expires: Estimated a	2005 average		
Section 16		SECURITIES						burden hours per			
Form 4 or Form 5		~ .		~	_	_		response	response 0.5		
obligation		suant to Section					-				
may conti			•	•	- ·		f 1935 or Sectio	n			
See Instru	ction	30(n) of the	Investment	Company	y Act	OF 19	40				
1(b).											
(Print or Type R	esponses)										
	•										
1. Name and Ac	dress of Reporting l	Person <u>*</u> 2. Iss	uer Name and	Ticker or 7	Гradin	g	5. Relationship of	f Reporting Per	son(s) to		
JAEHNERT FRANK M Symbol					Issuer						
	N INC /WA	/ [ITRI]			(Check all applicable)						
(Last)	(Last) (First) (Middle) 3. Date of 1						(Check all applicable)				
	onth/Day/Year) /02/2018				XDirector10% Owner						
					Officer (give title Other (specify below) below)						
			Amendment, Date Original				, , , , , , , , , , , , , , , , , , , ,				
				-			6. Individual or Joint/Group Filing(Check				
	Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person						
LIBERTY L	AKE, WA 99019	9					Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip) T		• • •				e n e i			
		- 1				ties Ac	quired, Disposed of		-		
1.Title of	2. Transaction Date		3. if Transportio	4. Securi				6. Ownership	7. Nature of Indirect		
Security (Instr. 3)	(Month/Day/Year)	any		CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Form: Direct (D) or	Beneficial Ownership (Instr. 4)		
(		(Month/Day/Ye					-	Indirect (I)			
							Following	Instr. 4)			
					(A)		Reported Transaction(s)				
					or	р.	(Instr. 3 and 4)				
Common			Code V	Amount		Price					
Stock	07/02/2018		А	412 <u>(1)</u>	А	\$0	7,515	D			
Stook											

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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. tiorNu	mber	6. Date Exer Expiration D			le and unt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of De Sec Ac (A) Dis of (In	1			Unde Secur	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code N	√ (A	) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address									
	Director	10% Owner	Officer	Other					
JAEHNERT FRANK M 2111 NORTH MOLTER ROAD LIBERTY LAKE, WA 99019	Х								
Signatures									
/s/ Kramer B. Ortman, attorney-in Jaehnert	Mr.	07/03/2018							
<u>**</u> Signature of Reporting Per		Date							
Explanation of Poononooo									

## **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) Reflects the grant of common stock equal to approximately \$25,000 that independent members of Itron's board of directors receive quarterly as part of their annual compensation for board service.

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.