## Edgar Filing: FOLINO PAUL F - Form 4

FOLINO PA	UL F										
Form 4											
April 30, 20	19										
FORM	14		~ ~			~~~ .			OMB AF	PROVAL	
	CIVILD	STATES		RITIES A shington			ANGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHII SECURITIES				NERSHIP OF	Estimated a		
Section 16. Form 4 or									burden hours per		
Form 5		rsuant to S	Section 1	6(a) of th	e Securi	ties F	Exchange	e Act of 1934,	response	0.5	
obligatio	ons Section 170						•	1935 or Section	1		
may con See Instr	unue.			vestment	•	· ·	•				
1(b).					-	-					
(Print or Type	Responses)										
FOLINO PAUL F Symbol COREL			r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
							(Check all applicable)				
(Last)	(First) (	Middle)		f Earliest Transaction				_X_ Director	100/-	Owner	
CORELOG	IC. INC.		04/26/2	Day/Year) 2019				_X_Director10% Owner Officer (give titleOther (specify			
	-,		0 11 201 2	017				below)	below)		
			endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
											IRVINE, C
		(7.)						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
			(Day/Year) (Instr. 8)					Owned	(D) or	Ownership	
								Following		(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Comment					- into ant	(_)	\$				
Common Stock	04/26/2019			S	3,750	D		7,252 <u>(2)</u>	D		
STOCK							(1)				

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 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FOLINO PAUL F CORELOGIC, INC. IRVINE, CA 92618	Х							
Signatures								
/s/ Scott Akamine attorney-in-f Folino	04	04/30/2019						

\*\*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).

Price reported is a weighted average. The shares were sold in multiple transactions at prices ranging from \$40.422 to \$40.890, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the issuer, or the staff of the Securities and Exchange

Date

- (1) The reporting person undertakes to provide to the issuer, any security notice of the issuer, of the scale of the security independence of the issuer, of the scale of the security independence of the issuer, of the scale of
- (2) Includes 3,190 unvested Restricted Stock Units granted 5/1/2018.

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.