## Edgar Filing: FLYNN DAVID K. - Form 4

FLYNN DAV Form 4											
March 05, 20	1									PPROVAL	
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATEN</b> 6.	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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								Expires:       January 31, 2005         Estimated average       burden hours per         burden hours per       0.5	
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> FLYNN DAVID K.			2. Issuer Name <b>and</b> Ticker or Trading Symbol AEROHIVE NETWORKS, INC [HIVE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C\O AEROH NETWORK BLVD.	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/01/2019</li></ul>					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President, CEO & Director					
	(Street)	(Street) 4. If Amendmon Filed(Month/Da			-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MILPITAS,	CA 95035							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	03/01/2019			F	9,641 (1)	D	\$ 5.09	363,514	D		
Common Stock								1,345,427	I	Flynn Living Trust <u>(2)</u>	

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

### Edgar Filing: FLYNN DAVID K. - Form 4

#### 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
, g , a , a , a , a , a , a , a , a , a	Director	10% Owner	Officer	Other			
FLYNN DAVID K. C\O AEROHIVE NETWORKS 1011 MCCARTHY BLVD. MILPITAS, CA 95035	Х		President, CEO & Director				
Signatures							
/s/ Steve Debenham, by power of attorney		03/05/2019					
**Signature of Reporting Person		Date					
Explanation of Responses:							

## 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).

In an exempt disposition to the Issuer under rule 16b-3(e), the Issuer withheld shares otherwise to be delivered to the Reporting Person in
 (1) connection with the satisfaction of the Company's estimate of the Reporting Person's minimum statutory tax withholding requirement arising from the vesting of such shares under a previously reported award of restricted stock units.

(2) The shares are held by David and Pamela Flynn co-ttees Flynn Living Trust dtd 07/22/99.

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.