Edgar Filing: WULFSOHN WILLIAM A - Form 4

WULFSOHN	WILLIAM A											
Form 4												
April 03, 201												
FORM	4		CECUD					COMMERCION	т	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box								Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OW						LOW	NERSHIP OF	Estimated a	2005 average			
Section 16	Section 16. SECURITIES								burden hours per			
Form 4 or Form 5			~ • • •		~	_			response	0.5		
obligation	^							ge Act of 1934,				
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
See Instru	ction	30(n)	of the Inv	/estment (Company	y Aci	. 01 19	40				
1(b).												
(Print or Type R	esponses)											
	ddress of Reportin	-	2. Issuer	Name and	Ticker or 7	Fradin	g	•	Reporting Person(s) to			
WULFSOHN WILLIAM A Symbol Issu					Issuer							
POLYO				YONE CORP [POL]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check an approable)				
(Month/D				h/Day/Year)				_X_ Director		6 Owner		
POLYONE CENTER, 33587 03/31/20				018				Officer (give title Other (specify below)				
WALKER R	OAD							,	,			
(Street) 4. If Amend Filed(Month/				ndment, Date Original			6. Individual or Joint/Group Filing(Check					
				h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
								More than One Reporting				
AVONLAN	Е, ОП 44012							Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yes		on Date, if					Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/	CodeDisposed of (D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
(Month/Day/Year) (Instr. 8) (Following	(Instr. 4)	(Instr. 4)				
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(msu. 5 and 4)		D		
Common	03/31/2018			А	677	А	\$0	24,792 <u>(1)</u>	Ι	Deferred		
Stock										Comp Plan		

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

Reporting Owners

Reporting Owner Name / Address		Relationsh						
I B	Director	10% Owner	Officer	Other				
WULFSOHN WILLIAM A POLYONE CENTER 33587 WALKER ROAD AVON LAKE, OH 44012	Х							
Signatures								
By: Lisa Kunkle, Power of Atte Wulfsohn	04/03/2018							

**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).
- Includes 89 shares acquired on January 10, 2018 pursuant to a dividend reinvestment feature of the PolyOne Corporation Deferred (1) Compensation Plan for Non-Employee Directors.

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.

Date