Edgar Filing: Taikang Insurance Group, Inc. - Form 4

Taikang Insurance Group, Inc. Form 4 November 16, 2017

November 1	6, 2017										
FORM	OMB APPROVAL										
CONVICE UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							MMISSION	OMB Number:	3235-0287		
Check th if no long subject to	o STATEN	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									
subject to Section 16.SECURITIESEstimated average burden hours per responseForm 4 or 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 1940Estimated average burden hours per response									rs per 0.5		
(Print or Type]	Responses)										
	Address of Reporting surance Group, Ind	c. s	2. Issuer Name a ymbol SOTHEBYS [I		ıding		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N	Middle) 3	. Date of Earliest	Transaction	(Check						
	LIFE BUILDING ENNEI STREET		Month/Day/Year) 1/15/2017	•		be	Director X 10% Owner Officer (give title Other (specify below)				
	(Street)	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
BEIJING, F	54 100031	F	iled(Month/Day/Y	ear)			Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Nor	-Derivative Sec	urities A	cquir	red, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	l 3. Date, if Transac Code	4. Securities tionor Disposed (Instr. 3, 4 ar	Acquired of (D)	l (A)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$0.01 per share	11/15/2017		Code V J	V Amount 7,939,661	(D) F	Price	(Instr. 3 and 4) 7,939,661 (1)	D			

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.

Edgar Filing: Taikang Insurance Group, Inc. - Form 4

 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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 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

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
Taikang Insurance Group, Inc. TAIKANG LIFE BUILDING 156 FUXINGMENNEI STREET BEIJING, F4 100031		Х		
Taikang Life Insurance Co., Ltd. TAIKANG LIFE BUILDING 156 FUXINGMENNEI STREET BEIJING, F4 100031		Х		
Signatures				
			/TT T2	

/s/ Nelson Yeung, COO of Taikang Asset Management (Hong Kong) Company Limited, on behalf of Taikang Insurance Group, Inc.	11/16/2017
**Signature of Reporting Person	Date
/s/ Nelson Yeung, COO of Taikang Asset Management (Hong Kong) Company Limited, on behalf of Taikang Life Insurance Co., Ltd.	11/16/2017
**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).
- (1) Taikang Insurance Group, Inc. transferred, for no consideration, direct ownership of 7,939,661 Shares to its wholly owned subsidiary, Taikang Life Insurance Co., Ltd.

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.