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RR Donnelle	y & Sons Co										
Form 4											
March 06, 20)17										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITE) STATES				ND EXC D.C. 205		IGE (COMMISSION	OMB Number:	3235-0287
Check thi				8	<i>,</i>					Expires:	January 31,
if no long subject to		MENT O	F CHAN	GES IN	B	ENEFI	CIAI	OW	NERSHIP OF		2005
Section 1		SECURITIES							Estimated average burden hours per		
Form 4 or	r									response	•
Form 5 obligation	1 0							•	e Act of 1934,		
may cont				•		.			f 1935 or Sectio	n	
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestment	t (Company	/ Act	of 194	40		
	() () () () () () () () () () () () () (
(Print or Type F	(esponses)										
			er Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to Issuer			
Stemer Deb	oran L		Symbol	11 0					155001		
			RR Don	nelley &	2.2	sons Co	IKKL	ו	(Chec	k all applicable	:)
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
	NNELLEY & S	CONC	(Month/Da	-					Director X Officer (give		Owner er (specify
	7,35 W. WACK		03/03/20)1/					below)	below)	in (speenig
DRIVE	, 55 W. WACK								EVP &	General Coun	sel
DIG (D	(Street)		4 If Amer	ndment D	ate	Original			6 Individual or Id	oint/Groun Filir	og(Check
· · · · · · · · · · · · · · · · · · ·			ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			× ×	2	<i>_</i>				_X_ Form filed by 0		
CHICAGO,	IL 60601								Form filed by M Person	Iore than One Re	porting
(City)	(State)	(Zip)	Table	e I - Non-l	De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.		4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Yea		on Date, if		io	n(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any (Month/	Code (D) n/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(ivionitii	Duy, I cui)	(1130.0)	, 	(1150.5,	i una c	,	Following	(Instr. 4)	(Instr. 4)
							(A)		Reported		
							or		Transaction(s) (Instr. 3 and 4)		
a				Code V	V	Amount	(D)	Price	(msu. 5 and 4)		
Common Stock	03/03/2017			А		18,476	А	<u>(1)</u>	34,531 (2)	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.

 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. Transac Code (Instr. 8	actionNumber Ex of (M		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code	V (A) (Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting C	wners									

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerSteiner Deborah L
C/O RR DONNELLEY & SONS COMPANY
35 W. WACKER DRIVE
CHICAGO, IL 60601LLSteiner Deborah L
CHICAGO, IL 60601LL<

Signatures		
Deborah L. Steiner,	General Counsel of R.R.	Donnelley & Sons

03/06/2017

Date

Other

**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).
- (1) Company granted restricted stock units ("RSUs") issued pursuant to a Rule 16b-3 plan. Ms. Steiner's RSUs will vest in three equal installments on March 2, 2018, March 2, 2019 and March 2, 2020, subject to Ms. Steiner's continued employment with the Company.
- (2) Includes 34,531 RSUs.

Company

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.

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