Turner Michael L. Form 4 February 01, 2019

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Turner Michael L.

2. Issuer Name and Ticker or Trading

Symbol

UNIVEST FINANCIAL Corp

[UVSP]

(Last) (First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 01/31/2019

6601 WISSAHICKON AVENUE

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

Applicable Line)

X\_ Director

Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

PHILADELPHIA, PA 19119

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) anv (Month/Day/Year)

(Zip)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

4. Securities

6. Ownership 7. Nature of 5. Amount of Securities Form: Direct Beneficially Owned Following Reported

(D) or Indirect (I) (Instr. 4)

Beneficial Ownership (Instr. 4)

(9-02)

Indirect

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(A) or Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

22,289.6568 D (1)(2)

Common

(City)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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)

#### Edgar Filing: Turner Michael L. - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	<ol><li>Date Exercisal</li></ol>	ole and Expiration	7. Title and	Amou
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Date		Underlying	Securi
Security	or Exercise		any	Code	Securities	(Month/Day/Yea	r)	(Instr. 3 and	(4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
									Amo
									or
						Date Exercisable	Expiration Date	Title	Nun
						Date Excression	Expiration Date	Title	of
				Code V	(A) (D)				Shai
				Couc v	(11) (D)				Silai
Restricted									
Stock	<u>(3)</u>	01/31/2019		A	1,384	01/31/2021(4)	01/31/2021(4)	Common	1,3

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
·r· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
Turner Michael L. 6601 WISSAHICKON AVENUE PHILADELPHIA, PA 19119	X					

# **Signatures**

Units

Megan D.
Santana

\*\*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) DOES INCLUDE 1,000 RESTRICTED SHARES SUBJECT TO VESTING.
- (2) DOES INCLUDE 332.6568 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN.
- (3) EACH RESTRICTED STOCK UNIT REPRESENTS A CONTINGENT RIGHT TO RECEIVE ONE SHARE OF COMMON STOCK UPON VESTING OF THE UNIT.
- (4) THE RESTRICTED STOCK UNITS VEST ON THE DATE INDICATED, ASSUMING CONTINUED SERVICE THROUGH THE VESTING DATE.

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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