Support.com, Inc. Form 4 February 11, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Cholawsky Elizabeth

Support.com, Inc. [SPRT]

Issuer

5. Relationship of Reporting Person(s) to

(Last)

(City)

Security

(Instr. 3)

**FLOOR** 

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 02/09/2016

Symbol

Director X\_ Officer (give title

10% Owner Other (specify

below)

President & CEO

(Check all applicable)

(Street)

(State)

(Month/Day/Year)

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

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

6. Individual or Joint/Group Filing(Check

Person

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

REDWOOD CITY, CA 94063

900 CHESAPEAKE DR, 2ND

1. Title of 2. Transaction Date 2A. Deemed

Execution Date, if

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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 (9-02)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

Conversion or Exercise

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if any

4. 5. Number of Transaction Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amou Underlying Securi (Instr. 3 and 4)

#### Edgar Filing: Support.com, Inc. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8) Acquired (A Disposed of (Instr. 3, 4, a 5)			f (D)	(D)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo Nun Shai
Non-qualified Stock Options	\$ 0.8	02/09/2016		A		150,000		<u>(1)</u>	02/09/2026	Common Stock	150
Non-qualified Stock Options	\$ 0.8	02/09/2016		A		150,000		(2)	02/09/2026	Common Stock	150

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cholawsky Elizabeth

900 CHESAPEAKE DR, 2ND FLOOR REDWOOD CITY, CA 94063

President & CEO

# **Signatures**

/s/ Michelle Johnson, by power of attorney 02/11/2016

\*\*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) 1/48th of the shares subject to the grant shall vest on each monthly anniversary of the grant date over four years, through February 9, 2020.
- 1/48th of the shares subject to the grant shall vest on each monthly anniversary of the grant date over four years, through February 9,(2) 2020. The grant shall only be exercisable, to the extent vested, following the date as of which the fair market value of the Company's common stock has first equaled or exceeded \$1.85 for 20 consecutive trading days.

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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