Edgar Filing: HURCO COMPANIES INC - Form 4

| | MPANIES INC | | | | | | | | | | | | |
|--------------------------------------|---|-----------|-------------|--|------|--|--|--------------------------------|--|--------------------------------------|-----------------|--|--|
| Form 4 | 016 | | | | | | | | | | | | |
| January 06, 20 | | | | | | | | | | OMB A | PPROVAL | | |
| FORM | UNITEDS | TATES | | | | ND EXC D.C. 205 | | NGE (| COMMISSION | | 3235-0287 | | |
| Check this if no longe | ar . | | | U | | | | | | Expires: | January 31, | | |
| subject to | SIAIEM | ENT O | | | | | CIA | LOW | NERSHIP OF | Estimated a | 2005 average | | |
| Section 16 Form 4 or | Section 16. SECURITIES | | | | | | | burden hours per response 0 | | | | | |
| Form 5 | Filed purs | uant to S | Section 16 | (a) of | the | Securiti | es Ez | chang | ge Act of 1934, | response | 0.5 | | |
| obligations may contin | ⁸ Section $17(a$ | | | | | | | - | f 1935 or Sectio | n | | | |
| See Instruct 1(b). | | 30(h) | of the Inv | vestme | nt C | Company | y Act | of 194 | 40 | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | | |
| McClelland Sonja K Sy | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol HURCO COMPANIES INC | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| [H | | | | | IA | | ic. | | (Check all applicable) | | | | |
| | | | | Date of Earliest Transaction | | | | | Director 10% Owner X Officer (give title Other (specify | | | | |
| | | | | 1001/Day/Year) 1/04/2016 | | | | | below) below) Chief Financial Officer | | | | |
| (Street) 4. If An | | | | lf Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| INDIANAPO | DLIS, IN 46268 | | Filed(Mont | h/Day/Y | ear) | | | | Applicable Line) _X_ Form filed by (Form filed by M | One Reporting Po More than One Ro | | | |
| | | | | | | | | | Person | | | | |
| (City) | (State) (| Zip) | Table | I - Non | 1-De | rivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | |) | 5. Amount of Securities Beneficially Owned Following | 5. Ownership Form: Direct D) or Indirect (I) Instr. 4) | Indirect Beneficial | | | | | |
| | | | Code V Amou | | | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock | 01/04/2016 | | | А | | 3,456 | А | \$0 | 13,539 | 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. Transactio Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans |
|---|---|---|--|--|-------------------------------------|--------------------|---|--|---|--|
| | | | | of (D) (Instr. 3, | | | | | | (Instr |
| | | | | 4, and 5) | | | | | | |
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | | |
|--|------------|---------------|-------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| McClelland Sonja K ONE TECHNOLOGY WAY INDIANAPOLIS, IN 46268 | | | Chief Financial Officer | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Sonja K. McClelland | 01/06/2016 | 5 | | | | | | | |
| <u>**</u> 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).

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.