## Edgar Filing: HollyFrontier Corp - Form 4

HollyFrontier Form 4	•										
November 10	Л	STATES	SECUR	ITIES A	ND EXC	CHAN	NGE	COMMISSION		PPROVAL	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	s box er <b>STATEN</b> 5. Filed pu s Section 176	TED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ed pursuant to Section 16(a) of the Securities Exchange Act of 1934, on 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Number: 3235-0287 Expires: January 31 Estimated average burden hours per response 0.5	
(Print or Type R	esponses)										
LEE JAMES H Symbol			Name and Ticker or Trading ontier Corp [HFC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)       (First)       (Middle)       3. Date of (Month/Date)         2828 N. HARWOOD, STE 1300       11/09/20			-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Mont			ndment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
DALLAS, T	(State)	(Zip)						Person			
	. ,						ties Ac	quired, Disposed o		-	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			5. Amount of 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	11/09/2016			Code V A	Amount 5,149	(D) A	Price \$ 0 (1)	(Instr. 3 and 4) 56,929	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable ar onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr	
			Code V	(A) (I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>								
	Director	10% Owner	Officer	Other				
LEE JAMES H 2828 N. HARWOOD, STE 1300 DALLAS, TX 75201	Х							
Signatures								
Walter W. Zimmerman, Attorney in Fact		11/10/201	6					
<u>**</u> Signature of Reporting Person		Date						
Explanation of Poononaaa								

## 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).

Restricted stock units granted under the HollyFrontier Corporation Long-Term Incentive Compensation Plan which are subject to

restrictions that will lapse on December 1, 2017, provided the reporting person has continued serving on the company's board of directors (1) until such time, and which will be paid in a lump sum within 30 days following December 1, 2017 in the form of shares of the company's common stock equal to the number of vested restricted stock units that were awarded.

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.