Form 5 February 14	nc. , 2017										
FORM								OMB A	PPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form			RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number: Expires:	3235-0362 January 31			
			EMENT OF CHANGES IN BENEFICIAL NERSHIP OF SECURITIES					Extimated average burden hours per response 1.			
See Instru 1(b). Form 3 H Reported Form 4 Transactic Reported	Filed pur oldings Section 17(rsuant to Section 1 a) of the Public U 30(h) of the In	tility Holdin	g Compa	ny A	ct of i	1935 or Sectio	n			
Nielsen Tod Symbol			er Name and Ticker or Trading ol SOne Inc. [CONE]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (I	(Month/I	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)			_X_ Director	ck all applicable) 10% Owner e title Other (specify				
	SONE INC., 16 ANKFORD ROAI		016			i	Officer (give below)	below)	er (specny		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			(or Joint/Group Reporting			
CARROLL	TON, TX 750	007				-	_X_ Form Filed by Form Filed by 2 Person	One Reporting P More than One R			
(City)	(State)	(Zip) Tab	le I - Non-Deri	vative Sec	uritie	s Acqu	ired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	e 2A. Deemed	3. Transaction Code (Instr. 8)	4. Securities 5. Acquired (A) or Security 5. Disposed of (D) B (Instr. 3, 4 and 5) O (A) Friendly 5. (A) Frien		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	12/31/2016	Â	G	2,477	D	\$0	20,406	D	Â		

securities beneficially owned directly or indirectly. contain the for

contained in this form are not required to respond unless the form displays a currently valid OMB control number. (9-02)

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. O B O E I S F I S (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Nielsen Tod C/O CYRUSONE INC. 1649 WEST FRANKFORD ROAD CARROLLTON, TX 75007	ÂX	Â	Â	Â		
Signatures						
/s/ Robert M. Jackson, Attorney-in-Fact	02					
**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 provided 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.