

Lyon Samuel  
Form 3  
July 20, 2018

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

^ Lyon Samuel

(Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)

07/01/2018

3. Issuer Name and Ticker or Trading Symbol

CARPENTER TECHNOLOGY CORP [CRS]

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

Director  10% Owner

Officer  Other

(give title below) (specify below)

VP & Group President - PEP

C/O CARPENTER TECHNOLOGY CORPORATION, ^ 1735 MARKET STREET, 15TH FL

(Street)

PHILADELPHIA, ^ PA ^ 19103

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Common Stock

2,523

D ^

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

4. Conversion or Exercise

5. Ownership Form of

6. Nature of Indirect Beneficial Ownership

## Edgar Filing: Lyon Samuel - Form 3

|                        | Date Exercisable | Expiration Date | (Instr. 4)<br>Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | (Instr. 5) |
|------------------------|------------------|-----------------|---------------------|----------------------------|------------------------------|---|------------|
| Employee Stock Options | 07/31/2018       | 07/31/2027      | Common Stock        | 1,101                      | \$ 40.43                     | D   | Â          |
| Employee Stock Options | 07/31/2019       | 07/31/2027      | Common Stock        | 1,101                      | \$ 40.43                     | D   | Â          |
| Employee Stock Options | 07/31/2020       | 07/31/2027      | Common Stock        | 1,101                      | \$ 40.43                     | D   | Â          |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                              |       |
|--|---------------|-----------|------------------------------|-------|
|  | Director      | 10% Owner | Officer                      | Other |
| Lyon Samuel<br>C/O CARPENTER TECHNOLOGY CORPORATION<br>1735 MARKET STREET, 15TH FL<br>PHILADELPHIA, PA 19103 | Â             | Â         | Â VP & Group President - PEP | Â     |

## Signatures

James D.  
Dee/POA

07/18/2018

Signature of  
Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.