## Edgar Filing: Manning & Napier, Inc. - Form 4

Manning & N	Napier, Inc.										
Form 4											
August 01, 2									0145.4		
FORM	$ 4 _{\text{UNITED}}$	статро	SECUD	ITIES AI		Ч <b>Ы</b> А П	NCE	COMMISSION	r	PPROVAL	
	UNITED	SIAIES		hington,			NGE		OMB Number:	3235-0287	
Check thi	s box		vv as	inington,	D.C. 20.	) <b></b> /			Expires:	January 31,	
if no long		IENT O	F CHAN	GES IN F	ES IN BENEFICIAL OWNERSHIP OF					2005	
subject to Section 1	)	SECURITIES							Estimated average burden hours per		
Form 4 or									response 0.		
Form 5	Filed pur	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							•		
obligation may cont	Section 1719			•	•	<b>-</b> •		f 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40			
1(b).											
(Print or Type F	Responses)										
				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Goodstein B	arbara		Symbol	0 NT -		0.13		155001			
			Manning	g & Napie	er, Inc. [I	ΛNJ		(Cheo	ck all applicable	e)	
(Last)	(First) (N	Aiddle)	3. Date of Earliest Transaction								
	INC & NADED		(Month/Da	-				X Director Officer (give		b Owner er (specify	
	ING & NAPIER /OODCLIFF DR		07/22/20	)14				below)	below)	er (speeny	
(Street) 4. If			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line)			
								_X_ Form filed by Form filed by M			
FAIRPORT	, NY 14450							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	e 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if	TransactionAcquired (A) or						Indirect	
(Instr. 3)		any (Month/	Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				•	(D) or Indirect (I)	Beneficial Ownership	
		(intolities	Duji i cui)	(111541: 0)	(111501-5),	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
<b>C1</b>				Code V	Amount	(D)	Price	(insu: 5 and 1)			
Class A											
Common Stock, par	07/22/2014			А	278	А	\$0	3,372	D		
value \$0.01											

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and 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 Secur Bene Owne Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Goodstein Barbara C/O MANNING & NAPIE 290 WOODCLIFF DRIVE FAIRPORT, NY 14450	· · · · · · · · · · · · · · · · · · ·	Х						
Signatures								
/s/ Barbara Goodstein	07/25/2	014						
**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.