Edgar Filing: VONAGE HOLDINGS CORP - Form 4

| VONAGE F Form 4 April 04, 20 | ЛЛ | | | | | | | | OMB A | \PPROVA | L | |
|---|--------------------------------------|---|--|------------------------|-----------------------------------|---|---|---|---|---|---------------|--|
| | 4 UNITED STAT | | RITIES A shington | | | ANGE | COMMISSI | • | MB umber: | 3235- | 0287 | |
| Check the check | aer. | | U | | | | | E> | xpires: | Januar | y 31, 2005 | |
| subject t Section Form 4 e | o STATEMENT 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | ted average hours per | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 A Citron Jeff | Address of Reporting Person rey A | Symbol | 2. Issuer Name and Ticker or Trading Symbol VONAGE HOLDINGS CORP [VG] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | | of Earliest T | ΓĮνΟ | (Check all applicable) | | | | | | | | |
| | | | (Month/Day/Year)X_I | | | | | give title | e title 10% Owner Other (specify below) | | | |
| | Ionth/Day/Year) Applicabl _X_Form | | | | Applicable Line _X_ Form filed | al or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting | | | | | | |
| | L, NJ 07733 | | | | | | Person | by more t | | oporting | | |
| (City) | (State) (Zip) | Tab | ole I - Non-J | | | rities A | cquired, Dispose | d of, or | Beneficia | ally Owned | l | |
| 1.Title of Security (Instr. 3) | any | eemed ion Date, if n/Day/Year) | TransactionAcquired (A) or S Code Disposed of (D) B (Instr. 8) (Instr. 3, 4 and 5) C F (A) R | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Form: Direct (| vnership Ir rm: B rect (D) O Indirect (I | V. Nature of ndirect Beneficial Dwnership Instr. 4) | | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | X | , | | | |
| Common Stock | 04/01/2017 | | А | 6,823 | А | \$0 | 12,664,157 | D | | | | |
| Common Stock | | | | | | | 3,146,880 | Ι | C F D | y Kyra E itron 201 lorida escendar rust | .6 | |
| Common Stock | | | | | | | 3,151,278 | Ι | C F D | y Noah A itron 201 lorida escendar rust | .6 | |

Reporting Owners

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| Common Stock | 134,220 | Ι | By KEC Holdings |
|-----------------|---------|---|--------------------|
| | | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transact Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 5 | Date | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|---------------------|--------------------|---|--|---|--|
| | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Citron Jeffrey A C/O VONAGE HOLDINGS CORP. 23 MAIN STREET HOLMDEL, NJ 07733 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Joann Vought, Attorney-in-fact for Jeffrey A. | | | | | | | | | |
| Citron | | 04/03/2017 | | | | | | | |
| <u>**</u> Signature of Reporting Person | | Date | | | | | | | |

**Signature of Reporting Person

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.