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JEPPESEN N	MICHAEL											
Form 4												
October 11, 2	2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi if no long									Expires:	January 31,		
subject to		EMENT O		GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated a	2005 d average		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5			.		~ ·				response	0.5		
obligation	• · · · ·						-	e Act of 1934,				
may conti	inue. Section 1			•	•	- ·		1935 or Section	1			
<i>See</i> Instru 1(b).	iction	50(II)	of the Inv	estment	Compan	y Ac	1 01 194	0				
(Print or Type R	Responses)											
JEPPESEN MICHAEL Symbol WOLVE				Name and	Ticker or	Tradiı	ng	5. Relationship of Reporting Person(s) to Issuer				
				VERINE WORLD WIDE INC								
								(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of I	-	insaction			Director	10%	Owner		
				/Day/Year)				Officer (give	title Othe	er (specify		
								below) below) Pres, Gl Ops & Heritage Groups				
(Street) 4. If Amer Filed(Mon				Amendment, Date Original								
								6. Individual or Joint/Group Filing(Check Applicable Line)				
				ii/Duy/10ul)				_X_ Form filed by One Reporting Person				
ROCKFORI	D, MI 49351							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Table	I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially	6. Ownership 7. Natur Form: Direct Indirect (D) or Benefici			
(11501-0)		Day/Year) (Instr. 8)					Owned Following	Indirect (I)	Ownership (Instr. 4)			
						(A)		Reported Transaction(s)				
				C I V		or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$					
Stock	10/08/2017			F	1,580	D	ф 29.04	172,968	D			
Stock							22.01					

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
` ´	Derivative		· · · ·	, í	Securities			(Instr.	3 and 4)	. ,	Owne
	Security				Acquired			X	,		Follo
	Security				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
									Amount		
						_			or		
						Date	Expiration	Title	Number		
						Exercisable	Date	11110	of		
				Code V	(A) (D)				Shares		
				Cout v	(II) (D)				Shares		
_											

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
JEPPESEN MICHAEL 9341 COURTLAND DRIVE NE ROCKFORD, MI 49351			Pres, Gl Ops & Heritage Groups					
Signatures								
/s/ David Latchana, by Power of Attorney	10/11/2017							
<u>**</u> 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.