Edgar Filing: VALMONT INDUSTRIES INC - Form 4

| VALMONT I Form 4 May 01, 2014 | INDUSTRIES IN | С | | | | | | | | |
|--|---|---|--|---|---|-------------|--|--|--|--|
| FORM | Л | | | | | | | | PPROVAL | |
| - | UNITED S | | SECURITIES AND EXCHANGE Washington, D.C. 20549 | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed purson snue. Section 17(a) | STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1040 | | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol VALMONT INDUSTRIES INC [VMI] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (| | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2014 | | | | X_Director10% Owner Officer (give title below) Other (specify below) | | | |
| (Street) 4. If Amen Filed(Mont | | | | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| OMAHA, NI | E 68154 | | | | | | | More than One Re | | |
| (City) | (State) (Z | Zip) T | able I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed | | 4. Securi onAcquired Disposed (Instr. 3, Amount | d (A) of d of (D 4 and (A) or |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 04/29/2014 | | Code V A | 872 | A | \$ 0 (1) | 10,685 | D | | |
| Domindan D | ut on a constant. | on analy stars of | | | - 1 -1: | 41 | : | | | |

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) | ; | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other den Daas Kaj VALMONT INDUSTRIES, INC. Х ONE VALMONT INDUSTRIES, INC. **OMAHA, NE 68154** Signatures /s/ Todd G. 05/01/2014 Atkinson **Signature of 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).
- Restricted stock unit award which vests on the first anniversary of the grant date and on vesting settled in an equal number of shares of (1) common stock.

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.

Reporting Person