## Edgar Filing: WILSON D MICHAEL - Form 4

WILSON D	MICHAEL										
Form 4	5 2017										
September 0										PROVAL	
	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. r Filed ns inue.	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 30(h) of the Investment Company Act of 1940							January 31 2009 Estimated average burden hours per response 0.9		
(Print or Type I	Responses)										
WILSON D MICHAEL Symbo			Symbol	Issuer Name <b>and</b> Ticker or Trading bol evity Corp [NGVT]				5. Relationship of Reporting Person(s) to Issuer			
č			<i>c</i> .	Date of Earliest Transaction				(Check all applicable)			
(Montl				nth/Day/Year)				X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
			nendment, Date Original Ionth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
NORTH CH	IARLESTON	, SC 29406						Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D)	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	09/01/2017			F	6,317	D	\$ 63.335	54,148 <u>(1)</u>	D		

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)	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
		Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: WILSON D MICHAEL - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WILSON D MICHAEL							
5255 VIRGINIA AVE	Х		President & C	CEO			
NORTH CHARLESTON, SC 29406							
Signatures							
/s/ D. Michael Wilson By: Katherine Attorney-in-Fact	09/05/2017						
<u>**</u> Signature of Reportin		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).

On May 27, 2016, the reporting person was granted 38,715 restricted stock units pursuant to the Ingevity Corporation 2016 Omnibus Incentive Plan that vest in three equal installments on September 1, 2016, 2017, and 2018. This filing has been made to report the units

(1) Incentive ran that vest in three equal instantients on september 1, 2019, 2017, and 2018. This thing has been made to report the units surrendered back to the Company to satisfy tax withholding obligations related to the restricted stock units that vested on September 1, 2017.

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.