#### BEACON ROOFING SUPPLY INC

Form 4

August 11, 2016

### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \*

MCLAUGHLIN ROBERT M

2. Issuer Name and Ticker or Trading Symbol

BEACON ROOFING SUPPLY INC

[BECN]

3. Date of Earliest Transaction

(Month/Day/Year) 08/09/2016

(Check all applicable)

\_X\_\_ Director 10% Owner Officer (give title Other (specify

5. Relationship of Reporting Person(s) to

505 HUNTMAR PARK DR, SUITE

(First)

(Middle)

300

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

HERNDON, VA 20170

| (City)                               | (State)                                 | (Zip) Tabl  | e I - Non-I                            | Derivative Securities Acq  | uired, Disposed o  | f, or Beneficially Owned   |
|--------------------------------------|---|---|--|--|--|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4) |
| Common stock, \$0.01 par value       | 08/09/2016                              |   | P                                      | 6,000 A \$ 45.79   | 6,000  | D  |

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

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# 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 |                    | 4.          | 5.         | 6. Date Exerc | cisable and | 7. Titl | e and        | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|---------|--------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | orNumber   | 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  |                     |                    |             | Securities |               |             | (Instr. | 3 and 4)     |             | Own    |
|             | Security    |                     |                    |             | Acquired   |               |             |         |              |             | Follo  |
|             |             |                     |                    |             | (A) or     |               |             |         |              |             | Repo   |
|             |             |                     |                    |             | Disposed   |               |             |         |              |             | Trans  |
|             |             |                     |                    |             | of (D)     |               |             |         |              |             | (Instr |
|             |             |                     |                    |             | (Instr. 3, |               |             |         |              |             |        |
|             |             |                     |                    |             | 4, and 5)  |               |             |         |              |             |        |
|             |             |                     |                    |             |            |               |             |         | Amount       |             |        |
|             |             |                     |                    |             |            |               |             |         |              |             |        |
|             |             |                     |                    |             |            | Date          | Expiration  | Title   | or<br>Number |             |        |
|             |             |                     |                    |             |            | Exercisable D | Date        | Title   | of           |             |        |
|             |             |                     |                    | Code V      | (A) (D)    |               |             |         | Shares       |             |        |
|             |             |                     |                    | Code v      | (A) $(D)$  |               |             |         | Shares       |             |        |

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

MCLAUGHLIN ROBERT M 505 HUNTMAR PARK DR SUITE 300 HERNDON, VA 20170

X

## **Signatures**

Joseph M. Nowicki, Attorney-in-Fact 08/11/2016

\*\*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.

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