Edgar Filing: CASINI VICTOR M - Form 4

CASINI VIC	TOR M											
Form 4 July 28, 2017	,											
•									OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi if no long				0 /					Expires:	January 31,		
subject to Section 10 Form 4 or	F CHAN	GES IN I SECUR		CIAI	L OWI	NERSHIP OF	Estimated a burden hou response					
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 R	lesponses)											
			2. Issuer Name and Ticker or Trading Symbol LKQ CORP [LKQ]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cnec	k all applicable	;)		
			(Month/D 07/27/20	h/Day/Year) //2017				Director 10% Owner Officer (give title Other (specify below) below) Senior VP and General Counsel				
	(Street)	(Street) 4. If Amendment, I Filed(Month/Day/Ye				ay/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
CHICAGO,	IL 60661							Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)						
				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common Stock	07/27/2017			S <u>(1)</u>	25,000	D	33.4 (2)	157,766	Ι	By Trust		
Common Stock								213,884	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.

Edgar Filing: CASINI VICTOR M - Form 4

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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CASINI VICTOR M C/O LKQ CORPORATION 500 WEST MADISON STREET, SUITE 2800 CHICAGO, IL 60661			Senior VP and General Counsel				
Signatures							

S

/s/ Victor M. 07/28/2017 Casini

**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).
- (1) The sale reported on this Form 4 was effected pursuant to a 10b5-1 plan.

The price reflects the weighted average sale price of the transactions reported. The price range of such transactions was \$32.99 to \$33.64. (2) The reporting person undertakes to provide upon request by the Commission staff, the issuer, or a security holder of the issuer full information regarding the number of shares sold at each separate price.

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.