#### Edgar Filing: HEARTLAND FINANCIAL USA INC - Form 4

#### HEARTLAND FINANCIAL USA INC

Form 4 May 23, 2016

### FORM 4

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

may continue. See Instruction

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

1(b).

Common

Stock

05/19/2016

(Print or Type Responses)

			2. Issuer Name <b>and</b> Ticker or Trading Symbol HEARTLAND FINANCIAL USA INC [HTLF]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 1398 CENT		(Mont	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2016			_X_ Director Officer (give below)		Owner er (specify		
(Street)  DUBUQUE, IA 52001			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 Person			
(City)	(State)	Zip) <b>T</b>	able I - Non-Dei	rivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. if Transaction Code (Instr. 8)	4. Securit	ties (A) o of (D	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)	-	
Common Stock	05/17/2016		A	180	A	\$0	0 (1)	D (2)		

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

A

1,295 A

\$0

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

41,188.2908

(3) (4) (5)

 $D^{(2)}$ 

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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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
MCCOY R MICHAEL 1398 CENTRAL AVE DUBUQUE, IA 52001	X						

# **Signatures**

/s/ R. Michael

McCoy 05/23/2016

\*\*Signature of Date Reporting Person

## **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) Multi line entry....see next line for total.
- (2) These shares are registerd as R Michael McCoy & Judith L McCoy Jt Ten.
- (3) These shares participate in a Dividend Reinvestment Plan.
- (4) Includes 8,764 shares held at Ameriprise.
- (5) Includes 1,475 shares of Restricted Stock Units granted under the 2015 Long-Term Incentive Plan. These shares are subject to a one(1)year vesting schedule.

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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