Allegion plc Form 4 March 13, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

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

obligations 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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* Lewis Raymond H JR

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

below)

(Last)

(First)

(Middle)

(Zip)

Allegion plc [ALLE]

3. Date of Earliest Transaction

(Month/Day/Year) 03/11/2014

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

(Check all applicable)

Sr. V. President - HR & Comm.

C/O SCHLAGE LOCK CO., LLC, 11819 N. PENNSYLVANIA **STREET** 

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

CARMEL, IN 46032

(City)

 $(ESP)^{(2)}$ 

·		Table	1 - MOII-DO	erranve s	occuri	ues Ac	quii cu, Disposcu	oi, oi belleticia	ny Owneu	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transactio	TransactionAcquired (A) or			Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	Disposed of (D)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership		
		•					Following	(Instr. 4)	(Instr. 4)	
							Reported			
					(A)		Transaction(s)			
			C 1 W		or	ъ.	(Instr. 3 and 4)			
			Code V	Amount	(D)	Price				
Ordinary	03/11/2014		A	1,386	Α	\$0	3,865	D		
Shares	03/11/2017		Л	(1)	А	ΨΟ	3,003	D		
0.11										
Ordinary									By Plan	
Shares							753.62	I	<u> </u>	
(ECD) (2)									Trustee	

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date curities (Month/Day/Yea quired ) or sposed of ) str. 3, 4,		7. Title and of Underlyir Securities (Instr. 3 and	ing	8. F Der Sec (Ins
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 54.125	03/11/2014		A	3,835	(3)	03/11/2024	Ordinary Shares	3,835	\$ 5

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

Lewis Raymond H JR C/O SCHLAGE LOCK CO., LLC 11819 N. PENNSYLVANIA STREET CARMEL, IN 46032

Sr. V. President - HR & Comm.

## **Signatures**

/s/ S. Wade Sheek, Attorney-In-Fact

03/13/2014 Date

\*\*Signature of 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) Restricted Stock units that vest in equal annual installments on March 11, 2015, March 11, 2016 and March 11, 2017.
- (2) Latest available information provided by the trustee of the Insurer's Employee Savings Plan.
- (3) A stock option that vests in equal annual installments on March 11, 2015, March 11, 2016 and March 11, 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.

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