### Edgar Filing: BUSK DOUGLAS W - Form 4

BUSK DOU Form 4												
January 31, 1									OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549							OMMISSION	OMB 3235-02 Number:				
Check th if no lon subject to Section 2 Form 4 c	o <b>STATEN</b> 16.	IGES IN SECUR		ICIA	AL OWN	ERSHIP OF	Expires: January 20 Estimated average burden hours per					
Form 5 obligatio may con <i>See</i> Instr 1(b).	Filed pur ons Section 17(	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)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol CREDIT ACCEPTANCE CORP [CACC]					5. Relationship of Reporting Person(s) to Issuer				
	(Check all applicable)											
(N				f Earliest Tr Day/Year) 018	ransaction			Director 10% Owner X Officer (give title Other (specify below) below) Sr. Vice President & Treasurer				
	(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				
SOUTHFIE	ELD, MI 48034							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	e I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	01/29/2018			А	1,625 (1)	А	\$0	12,366 <u>(2)</u>	D			
Common Stock	01/29/2018			F	67 <u>(3)</u>	D	\$ 372.75	12,299 <u>(4)</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.

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

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BUSK DOUGLAS W 25505 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48034			Sr. Vice President & Treasurer					
<b>A</b> 1 .								

# Signatures

/s/ Douglas W. Busk 01/31/2018

<u>\*\*</u>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).
 Represents the vesting of performance-based restricted stock units granted under the Company's Incentive Compensation Plan. Each restricted stock unit represents and has a value equal to one share of common stock of Credit Acceptance Corporation. Shares will be distributed to Mr. Busk on January 30, 2023.
 Includes 6,636 vested restricted stock units that were granted under the Company's Incentive Compensation Plan.
 Shares withheld to satisfy tax withholding obligations in conjunction with the vesting of restricted stock units.
 Includes 6,569 vested restricted stock units that were granted under the Company's Incentive Compensation Plan.
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 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.