## Edgar Filing: Groupon, Inc. - Form 4

Groupon, Inc. Form 4										
April 24, 201	7									
FORM	4							-	PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin See Instruc	er <b>STATEN</b> 5. Filed pur <sup>s</sup> Section 17(		ection ( Public U	SECUI	Estimated burden hoi response	urs per				
1(b).										
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> LEVIN JOSEPH			Symbol	er Name <b>an</b> on, Inc. [C		Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			•	of Earliest T	-		(Check all applicable)			
C/O GROUP	PON, INC., 600 AVENUE, SUIT	WEST		Day/Year)	Tunbuction		X Director Officer (give below)		% Owner ner (specify	
			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				
CHICAGO,	IL 60654						Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	ally Owned	
	2. Transaction Date Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Repo	ort on a separate line	e for each cla	iss of sec	urities bene	ficially own	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation cont ed to resp lys a curre	spond to the collect ained in this form ond unless the for ntly valid OMB con	are not m	SEC 1474 (9-02)	

 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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	Price of Derivative Security	(Month/Da	y/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr.	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Unit Award (Right to Receive)	\$ 0	04/20/2017		A		4,807		<u>(1)</u>	<u>(1)</u>	Common Stock	4,807	\$

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
1	Director	10% Owner	Officer	Other				
LEVIN JOSEPH C/O GROUPON, INC. 600 WEST CHICAGO AVENUE, SUITE 400 CHICAGO, IL 60654	) X							
Signatures								
/s/ Erin G. Stone, by Power of Attorney	04/24/2017							
**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).

Mr. Levin has received an exempt award of Deferred Stock Units ("DSUs") under the Groupon, Inc. Non-Employee Director Compensation Plan. DSUs represent a right to receive shares of Groupon's Common Stock (or, in the sole discretion of Groupon's Board of Directors following a change in control, cash, securities or a combination of cash and securities equal to the fair market value thereof)

(1) of Directors following a change in control, cash, securities of a combination of cash and securities equal to the fait market value intereor) upon termination of service as a Director of Groupon. Mr. Levin has elected to receive DSUs in lieu of the annual retainer fees payable for services on Groupon's Board of Directors and any committees thereof. The DSUs are awarded on the date such fees would otherwise be payable (i.e., quarterly in arrears). The DSUs are immediately vested.

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.