Edgar Filing: HORTON SCOTT P - Form 4

HORTON SC	COTT P										
Form 4											
April 01, 201	9										
FORM								OMB AI	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longer white ta STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (NERSHIP OF	Estimated average burden hours per			
subject to StATEMENT OF CHARGES IN DEPTETAL OWNERS Section 16. SECURITIES											
	Form 4 or							response	•		
Form 5	Filed pursu	ant to	Section 16	(a) of the	Securitie	es Exchang	e Act of 1934,				
obligation may conti				•	<u> </u>		f 1935 or Sectior	ı			
See Instru		30(h)	of the Inv	estment C	Company	Act of 194	40				
1(b).											
(Print or Type R	Responses)										
1		*					5 0 1 2 1 5				
HORTON SCOTT P Syr				2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
			Symbol DYCOM INDUSTRIES INC [DY]			1550001					
						(Check all applicable)					
(Last)	(First) (Mi	ddle)	3. Date of Earliest Transaction								
				Ionth/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
			03/29/20	3/29/2019			below) below)				
600							V	P & CHRO			
(Street) 4. I			4. If Amen	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year)			Applicable Line)				
							X Form filed by O				
PALM BEA							Form filed by M Person	ore than One Re	eporting		
GARDENS,	FL 33408										
(City)	(State) (Z	Cip)	Table	I - Non-De	rivative So	ecurities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	eemed 3. 4. Securities			ties	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)	Execut	ion Date, if	TransactionAcquired (A) or			Securities I	Form: Direct			
(Instr. 3)	any (Me			Code Disposed of (D)			•	(D) or	Beneficial		
			/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)		4 and 5)		Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
							Reported	(11001. 7)	(1150. 7)		
						(A) or	Transaction(s)				
				Code V	Amount		(Instr. 3 and 4)				

Restricted Stock Units 03/29/2019

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.

D

\$ 0 (3)

A

3,590

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1,760

(2)

А

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber 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 Secu Bene Owne 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			
HORTON SCOTT P 11780 U.S. HIGHWAY 1 SUITE 600			VP & CHRO				
PALM BEACH GARDENS, FL 33408							
Signatures							
Richard B. Vilsoet, Attorney-in-fact for	Scott P.						
Horton		0	4/01/2019				
**Signature of Reporting Person			Date				
Explanation of Respon	ses:						

- * 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) Each restricted stock unit represents a contingent right to acquire one share of DY common stock, par value \$0.33 1/3 per share.
- (2) The restricted stock units vest in four substantially equal annual installments beginning March 30, 2020.
- (3) No consideration was paid for the restricted stock units.

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.