PACCAR INC Form 4 December 06, 2016

### FORM 4

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

OMB APPROVAL

OMB Number:

Expires:

3235-0287 January 31,

2005

Estimated average burden hours per

burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Christensen Robert J. Issuer Symbol PACCAR INC [PCAR] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X\_ Officer (give title ) 777 106TH AVENUE NE 12/02/2016 below) President & CFO

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

(7:-

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person \_ Form filed by More than One Reporting Person

BELLEVUE, WA 98004

(Ctota)

(C:+-)

(City)	(State) (ZI)	Table I	- Non-Der	ivative Se	curities A	equired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price		Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON STOCK			Code V	rinount	(D) 111	52,817	D	
COMMON STOCK (SIP) (1)	12/02/2016		J(2)	87.38	A \$ 62.	8 22,950.615	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.

SEC 1474

(9-02)

#### Edgar Filing: PACCAR INC - Form 4

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
STOCK OPTION	\$ 47.81					01/01/2016	02/06/2023	COMMON STOCK	35,720	
STOCK OPTION	\$ 59.15					01/01/2017	02/07/2024	COMMON STOCK	28,132	
STOCK OPTION	\$ 62.46					01/01/2018	02/04/2025	COMMON STOCK	29,462	
STOCK OPTION	\$ 50					01/01/2019	02/04/2026	COMMON STOCK	46,454	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
·F···	Director	10% Owner	Officer	Other			
Christensen Robert J.							
777 106TH AVENUE NE			President & CFO				
RELIEVIJE WA 08004							

## **Signatures**

Robert J. Christensen by Irene E. Song POA 12/06/2016

\*\*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).

(1) Shares held in PACCAR Savings Investment Plan (SIP).

Reporting Owners 2

#### Edgar Filing: PACCAR INC - Form 4

- (2) December 2, 2016 dividend on PACCAR Savings Investment Plan (SIP) shares reinvested pursuant to SIP.
- (3) Option to buy awarded under PACCAR Long Term Incentive Plan (LTIP).

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.