Edgar Filing: Qualters Christopher J. - Form 4

Qualters Chr	istopher J.										
Form 4											
November 22	2, 2017										
FORM	14								-	PPROVAL	
	UNITE	D STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check the if no long	ter	Е СНА М	CES IN I	RENEFI	CIA		NEDSHIDOE	Expires:	January 31, 2005		
	ection 16. SECURITIES								Estimated average burden hours per		
Form 4 o Form 5			a .• •		a				response 0.		
obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the		ility Hold	ing Com	ipany	Act of	e Act of 1934, f 1935 or Sectio 40	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Qualters Christopher J.			2. Issuer Name and Ticker or Trading Symbol NN INC [NNBR]				Ig	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chec	к ап аррпсаве	;)	
207 MOCK	INGBIRD LAN	NE	(Month/D 10/20/20	ay/Year)				Director X Officer (give below) VP, Chief		Owner er (specify officer	
				ndment, Dat th/Day/Year)	-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
JOHNSON	CITY, TN 376	04						Form filed by M Person	Nore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
(Instr. 3) any		emed on Date, if 'Day/Year)	n Date, if Transaction(A) or Disposed of Code (D)			d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	10/20/2017			F	316 <u>(1)</u>	D	\$ 30.7	10,747	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.

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

1. Title Derivat Securit <u></u> (Instr. 3	tive Convers y or Exerc	cise ive	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt 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		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Qualters Christopher J. 207 MOCKINGBIRD LANE JOHNSON CITY, TN 37604			VP, Chief Commercial Officer						
Signatures									
/s/ Matthew S. Heiter by Power of		11/22/2017							

Attorney **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 amount of shares delivered to satisfy applicable tax withholding obligations in connection with the vesting of shares of (1) restricted stock.

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.