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ALPINE GLOBAL PREMIER PROPERTIES FUND

Form 4

November 22, 2016

FORM	ЛЛ								OMB /	APPROVAL	
I Oni	UNITED	STATES					GE C	OMMISSION	OMB	3235-028	
Check t	his hov		Wa	shington	, D.C. 20	549			Number:		
if no lor	nger			IODO IN	DENEE		OWA	EDCHID OF	Expires:	January 31	
subject Section Form 4	to SIAIEN 16.	IENT OF	CHAN		BENEF RITIES	OWN	ERSHIP OF	Estimated average burden hours per response			
Form 5 obligation may con See Inst	ons Section 17(a) of the F	Public U		ding Cor	npany A	Act of	Act of 1934, 1935 or Section	·		
(Print or Type	Responses)										
1. Name and Lieber Sam		Symbol ALPIN	E GLOB	AL PREI	MIER		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			PROPI	ERTIES F	UND [A	WPJ					
(Last) (First) (Middle) C/O ALPINE WOODS CAPITAL			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016					below)	ficer (give titleOther (specify below)		
INVESTO			11/10/2	2010					President		
(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			
PURCHAS	SE, NY 10577							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securitie	es Acqu	ired, Disposed of	, or Benefici	ally Owned	
1.Title of Security (Month/Day/Year) 2A. Deeme Execution 1 any (Month/Day		Date, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8) (A) or					Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common shares of beneficial interest				Code V	Amount	(D)	Price		D		
Common shares of beneficial interest								143,785 (2)	I	By Charitable Foundation	
								70.000	Ţ		

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Common shares of beneficial interest								By Limited Partnership	
Common shares of beneficial interest						28,684 (3)	I	By Wife	
Common shares of beneficial interest						15,646 (2)	I	By Son	
Common shares of beneficial interest	11/18/2016	P	20,000	A	\$ 4.9595	55,000	I	By Charitable Trust	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.									

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SEC 1474

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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.	4	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transa	ection	Number	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	(of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr.	8) l	Derivative	•		Secur	ities	(Instr. 5)
	Derivative					Securities			(Instr.	3 and 4)	
	Security				1	Acquired					
					((A) or					
]	Disposed					
					(of (D)					
					((Instr. 3,					
					4	4, and 5)					
										Amount	
										or	
							Date	Expiration	Title	Number	
							Exercisable Date	Date	Title	of	
				Code	V	(A) (D)				Shares	
				Code	v ((A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address		Kelation	ionsnips		
	Director	10% Owner	Officer	Other	
Lieber Samuel A	X		President		
C/O ALPINE WOODS CAPITAL INVESTORS					

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2500 WESTCHESTER AVENUE, SUITE 215 PURCHASE, NY 10577

Signatures

/s/ Samuel A. 11/21/2016

**Signature of Date
Reporting Person

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) Includes 109,914 shares held individually and shares purchased under issuer's dividend reinvestment plan. The balance held in joint tenancy with wife
- (2) Includes shares purchased under issuer's dividend reinvestment plan
- (3) Includes shares purchased under issuer's dividend reinvestment plan and shares inadvertently omitted from prior filing

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.

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