

Thompson Michael Lawrence
 Form 3
 July 10, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Thompson Michael Lawrence		(Month/Day/Year)	CINTAS CORP [CTAS]	
(Last)	(First)	(Middle)	07/01/2018	
P.O. BOX 625737, 6800 CINTAS BOULEVARD			4. Relationship of Reporting Person(s) to Issuer	
(Street)			(Check all applicable)	
CINCINNATI, OH 45262			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice President & CAO	
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)	
			6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	60,151 ⁽¹⁾	D	
Common Stock	396	I	By 401(k) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (2)	03/21/2023	Common Stock	7,500	\$ 43.19	D	Â
Stock Option (Right to Buy)	Â (2)	07/17/2023	Common Stock	11,467	\$ 47.22	D	Â
Stock Option (Right to Buy)	Â (2)	07/17/2024	Common Stock	16,800	\$ 63.45	D	Â
Stock Option (Right to Buy)	Â (2)	07/21/2025	Common Stock	19,200	\$ 86.1	D	Â
Stock Option (Right to Buy)	Â (2)	07/24/2026	Common Stock	28,289	\$ 108.39	D	Â
Stock Option (Right to Buy)	Â (2)	07/25/2027	Common Stock	33,104	\$ 137.3	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Thompson Michael Lawrence P.O. BOX 625737 6800 CINTAS BOULEVARD CINCINNATI, OH 45262	Â	Â	Â Executive Vice President & CAO	Â

Signatures

/s/ F. Mark Reuter, as Attorney-in-Fact for Michael L. Thompson 07/10/2018

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

- Includes 15,830 restricted shares granted under Cintas Corporation's 2005 Equity Compensation Plan of which 6,400 shares will vest on
- (1) July 20, 2018 and 9,430 shares will vest on July 26, 2019 and 11,036 restricted shares granted under Cintas Corporation's 2016 Equity Compensation Plan which will vest on July 25, 2020.
 - (2) The options vest as follows: one-third on the third anniversary of the grant date, one-third on the fourth anniversary of the grant date and one-third on the fifth anniversary of the grant date.

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.