## Edgar Filing: COOPER NANCY E - Form 4

COOPER NA	ANCY E											
Form 4												
April 27, 201	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this									Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNE				NERSHIP OF		Estimated average burden hours per		
Section 10					SECURITIES							
Form 4 or Form 5									response	0.5		
obligation	-							ge Act of 1934,				
may conti	nue. Section 17(			•	•	<b>-</b> •		of 1935 or Sectio	n			
See Instru	ction	50(II) C	of the fire	vestment (	Company	y Aci	. 01 19	40				
1(b).												
(Print or Type R	esponses)											
	• •											
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name and Ticker or Trading 5. Relationship of								Reporting Person(s) to				
COOPER N.	ANCY E		Symbol	C C				Issuer				
				PLC [APTV]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				(Check an applicable)				
(Month/Da								X Director	10%	6 Owner		
5725 INNOV	VATION DRIVI	E (	04/26/20	)18				Officer (give below)	e title Oth below)	er (specify		
								, , , , , , , , , , , , , , , , , , , ,				
			endment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)					
Flied(Mont				th/Day/Year)				_X_Form filed by One Reporting Person				
TROY, MI 4	8098							•	More than One Ro	eporting		
								Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deem	ned	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		· · · · · ·				Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month/D	av/Vear)	Code (Instr. 8)	Disposed	3, 4 and 5		•	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		(Month/D	ay/1cal)	(Instr. 0)	(insu: 5) (insu: 5, 1 and 5)		5)	Following				
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Ordinary	04/26/2018			А	1,819	А	\$0	1,819	D			
Shares							(1)					

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)

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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)	4. Transacti Code (Instr. 8)	of	(Month/Day/Year) /e s		7. Title and Amount of Underlying Securities (Instr. 3 and 4	<ul><li>8. Price of Derivative Security (Instr. 5)</li></ul>	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amoun or Numbe of Shares	er	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh			
	Director	10% Owner	Officer	Other	
COOPER NANCY E 5725 INNOVATION DRIVE TROY, MI 48098	Х				
Signatures					
/s/ Rachel V. Friedenberg, Atto Cooper	04/27/2018				

\*\*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).

The Reporting Person has received restricted stock units that each represent a right to receive one ordinary share of the Issuer pursuant to

(1) the Issuer's Long Term Incentive Plan, as amended and restated, and will vest in full one day before the Issuer's Annual Meeting of Shareholders in 2019.

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.