## Edgar Filing: DONAHUE TIMOTHY J - Form 4

| DONAHUE<br>Form 4   | TIMOTHY J                               |   |  |                       |              |  |   |  |                  |           |  |
|---|---|---|--|-----------------------|--------------|--|---|--|------------------|-----------|--|
| March 04, 20  | _                                       |   |  |                       |              |  |   |  | omb af           | PROVAL    |  |
| FORM  | UNITED                                  | STATES  |  | RITIES A<br>shington, |              |  | NGE C   | COMMISSION   | OMB<br>Number:   | 3235-0287 |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 of<br>Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b). | suant to S<br>a) of the l               | F CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Section 16(a) of the Securities Exchange Act of 1934,<br>Public Utility Holding Company Act of 1935 or Section<br>of the Investment Company Act of 1940 |  |                       |              |  |   | Expires: January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5                    |                  |           |  |
| (Print or Type F  | Responses)                              |   |  |                       |              |  |   |  |                  |           |  |
| DONAHUE TIMOTHY J Symbol<br>CROW  |   |   | er Name <b>and</b> Ticker or Trading VN HOLDINGS INC [CCK]   |                       |              |  | 5. Relationship of Reporting Person(s) to Issuer  |  |                  |           |  |
|   |   |   |  | Earliest Tr           |              | υįc  | CNJ   | (Check all applicable)   |                  |           |  |
|   |   |   |  | nth/Day/Year)         |              |  |   | Director       10% Owner         Officer (give title       Other (specify below)         President & CEO |                  |           |  |
|   |   |   | nendment, Date Original<br>Ionth/Day/Year)   |                       |              |  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |  |                  |           |  |
| YARDLEY   | , PA 19067                              |   |  |                       |              |  |   | Form filed by M<br>Person  | Iore than One Re | porting   |  |
| (City)  | (State)                                 | (Zip)   | Tabl   | e I - Non-D           | erivative    | Secur  | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) | Executio:<br>any  | ned 3. 4. Securities Acquired<br>n Date, if Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>Day/Year) (Instr. 8)<br>(A) |                       |              | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)  | Indirect<br>Beneficial   |                  |           |  |
| Common  |   |   |  | Code V                | Amount       | or<br>(D)  | Price   | (Instr. 3 and 4)<br>1,423  | I                | 401(k)    |  |
| Common  | 02/28/2019                              |   |  | F                     | 4,709<br>(1) | D  | \$<br>54.29   | 547,444  | 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 of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or | Expiration D<br>(Month/Day/<br>e | Date Exercisable and<br>xpiration Date<br>Aonth/Day/Year) |       | le and<br>ant of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo |
|---|---|---|---------------------------------------|--|----------------------------------|---|-------|---|---|--|
|   |   |   |                                       | Disposed<br>of (D)<br>(Instr. 3,                                       |                                  |   |       |   |   | Trans<br>(Instr  |
|   |   |   | Code V                                | 4, and 5)<br>(A) (D)   | Date<br>Exercisable              | Expiration<br>Date  | Title | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

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## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                            | Relationships |           |                 |       |  |  |  |  |
|--|---------------|-----------|-----------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer         | Other |  |  |  |  |
| DONAHUE TIMOTHY J<br>770 TOWNSHIP LINE ROAD<br>YARDLEY, PA 19067 |               |           | President & CEO |       |  |  |  |  |
| Signatures   |               |           |                 |       |  |  |  |  |
| Rosemary M. Haselroth, by Power of Attorney                      |               | 0         | 3/04/2019       |       |  |  |  |  |
| **Signature of Reporting Person                                  |               |           | Date            |       |  |  |  |  |
| Explanation of Day   | non           |           |                 |       |  |  |  |  |

## **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) Represents shares transferred to the Company for tax withholding in connection with the vesting of 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.