Edgar Filing: Richins Adam J - Form 4

| Richins Ada | m J | | | | | | | | | | | |
|---|---|---------------|------|--|-------------|---|-------|--|--|--|-----------|--|
| Form 4 January 03, 2 | 0018 | | | | | | | | | | | |
| | _ | | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITED | STATES | | | | ND EX(D.C. 202 | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN 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 | | | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| Richins Adam J Symbol | | | | r Name and Ticker or Trading DRP INC [IDA] | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Month | | | | ate of Earliest Transaction nth/Day/Year) 02/2018 | | | | | (Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below) VP of Cust Ops & Bus Dev | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BOISE, ID 8 | 83702 | | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non | -De | rivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | Code (Instr. 8 | ction 3) | 4. Securit (A) or Di (Instr. 3, - Amount | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 01/02/2018 | | | F | | 158 | D | \$ 89.84 | 2,355 | 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)

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Title and A Underlying S (Instr. 3 and | Securities | 8. Price o Derivativ Security (Instr. 5) |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Stock Units | <u>(1)</u> | | | | | (2) | (2) | Common Stock | 531 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|------------------|---------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Richins Adam J 1221 WEST IDAHO STREET BOISE, ID 83702 | | | VP of Cust Ops & | Bus Dev | | | | |
| Signatures | | | | | | | | |
| /s/ Patrick A Harrington, Attorney-in-Fact | 01/03/2018 | | | | | | | |
| **Signature of Reporting Person | | Dat | e | | | | | |

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) Each restricted stock unit represents a contingent right to receive one share of IDA common stock.

(2) The restricted stock units vest on January 1, 2020.

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.