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Kihn Jean C Form 4	laude										
December 0	5, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APP Washington, D.C. 20549 OMB Number:							3235-0287 January 31, 2005 verage				
(Print or Type]	Responses)										
Kihn Jean Claude Sy G			Symbol	EAR T	nd Ticker o FIRE & R			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/			3. Date of (Month/Da 11/27/20					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
	(Street)		4. If Amer Filed(Mon		Date Origin ear)	al		6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
AKRON, O	H 44316							Form filed by Mo Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Table	e I - Non-	-Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		Date, if ny/Year)	3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/27/2017			I	1,230	D	\$ 30.89	137 <u>(1)</u>	Ι	401(k) Plan	
Common Stock	12/01/2017			S	7,500	D	\$ 32.1154 (2)	51,848	D		
Common Stock								142 <u>(3)</u>	Ι	401(k) Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu: Bene Own Follo Repo Trans (Insti
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		1	Relationships	
	Director	10% Owner	Officer	Other
Kihn Jean Claude 200 INNOVATION WAY AKRON, OH 44316			Senior Vice President	
<u><u>o</u>' ı</u>				

Signatures

/s/ Daniel T Young, signing as an attorney-in-fact and agent duly authorized to execute this Form 4 on behalf of Jean-Claude Kihn pursuant to a Power of Attorney dated 10/28/16, a copy of which has been previously filed with the SEC.

12/05/2017 Date

<u>**</u>Signature of 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) Total number of shares of common stock allocated to the account of the reporting person in a Trust established under Goodyear's Employee Savings Plan for Salaried Employees, 401(k) Plan, as of November 27, 2017 as reported by the Plan Trustee.

This transaction was executed in multiple trades at prices ranging from \$31.65 to \$32.39. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the

- (2) average sate price. The reporting person hereby undertakes to provide upon request to the SEC start, the issuer of a security notice of the sister of a security notice of the written trading plan pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934.
- (3) Total number of shares of common stock allocated to the account of the reporting person in a Trust established under Goodyear's Employee Savings Plan for Salaried Employees, 401(k) Plan, as of December 1, 2017 as reported by the Plan Trustee.

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.