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MATHER COU Form 4	RTNEY											
February 16, 201	8											
FORM 4	UNITED	STATES	SECU	RITIES	AND	EXC	THANGE	COMMISSIO	N		PPROVA	۹L
		DIAILD		shington					1	OMB Number:	3235	-0287
Check this box if no longer									_	Expires:	Janua	ry 31, 2005
subject to Section 16. Form 4 or		NGES IN SECUI		Estimated average burden hours per response		0.5						
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940												
(Print or Type Respo	onses)											
1. Name and Addre MATHER COU	Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol HERC HOLDINGS INC [HRI]					5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction					(Check all applicable)				
C/O ICAHN CAPITAL LP, 767 FIFTH AVENUE, SUITE 4700			(Month/Day/Year) 02/15/2018				X_ Director 10% Owner Officer (give title Other (specify below) below)					
NEW YORK, N	4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 							
NEW TORK, N	1 10155							Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Deriva	ative	Securities A	cquired, Disposed	of,	or Beneficia	lly Owne	d
	ansaction Date nth/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	onAcqu Disp (Inst	osed 6 r. 3, 4		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership rm: Direct) or Indirect (str. 4)	7. Nature Indirect Benefici Ownersh (Instr. 4)	al 1ip
Deminder D		f										
Reminder: Report of	n a separate line	tor each cl	ass of sec	urities bene	P in re di	ersoi Iform equire	ns who res ation cont ed to resp ys a curre	or indirectly. spond to the colle ained in this form ond unless the fo ntly valid OMB co	n ai orm	re not	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of (Month Derivative Security		(Month/Day/Year)	(Instr.	8)	Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ired sed) . 3, 4,					(Instr. 5
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	02/15/2018		А		308		(2)	(2)	Common Stock	308	\$ 0

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
MATHER COURTNEY C/O ICAHN CAPITAL LP 767 FIFTH AVENUE, SUITE 4700 NEW YORK, NY 10153	Х			
Signatures				
/s/Sheri Roberts, by Power of Attorney	02/16/2018			
**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).
- (1) Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock.
- (2) The value of the phantom stock credited to the Reporting Person's account shall be distributed in shares of common stock following the date the Reporting Person ceases to be a member of the Issuer's Board of Directors (or, if earlier, following a change of control).

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.