Edgar Filing: Robertson I. Duncan - Form 4

Robertson I.	Duncan										
Form 4											
January 02, 2	2019										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th					2.0.20					January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	2005			
-	subject to Section 16. SECURITIES							Estimated average burden hours per			
Form 4 o							response 0.5				
Form 5	Filed pu	irsuant to S	Section 1	6(a) of th	e Securit	ies E	xchang	e Act of 1934,			
obligatio may cont		7(a) of the	Public Ut	ility Hole	ding Con	npang	y Act of	1935 or Section	ı		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	40			
1(b).											
(Print or Type I	Responses)										
1 Name and A	Address of Reporting	g Person *	2 1	News	I Т: - I	T		5. Relationship of	Reporting Pers	con(s) to	
Robertson I			2. Issuer Symbol	r Name and Ticker or Trading			ng	Issuer			
			•	m Inc [Cl	RCMI						
		AC1 11.)		_	_			(Chec	k all applicable)	
(Last)	(First)	(Middle)		Earliest Ti	ansaction			X Director	100	Owner	
(Month/D C/O CARE.COM, INC., 77 12/31/20											
	VENUE, 5TH		12/51/2	510				below)	below)		
	(Street)		4. If Ame	ndment, Da	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
			nth/Day/Year)				Applicable Line)				
				•	·			_X_Form filed by C			
WALTHAN	M, MA 02451							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Aca	uired, Disposed of	. or Beneficial	lv Owned	
1.Title of	2. Transaction Da	ate 24 Deer		3.	4. Securi		_	5. Amount of	6. Ownership	-	
Security	(Month/Day/Year		n Date, if		on(A) or Di			Securities	Form: Direct		
(Instr. 3)	-	any	Code (Instr. 3, 4 and 5)				5)	Beneficially	(D) or Benefici	Beneficial	
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	Indirect (I)	Ownership	
								Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common											
Stock,	12/21/2010			А	699 <u>(1)</u>	٨	\$	22,942	D		
\$0.001 par	12/31/2018			A	099 (1)	A	19.67	22,942	D		
value											

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or		ate	7. Title Amour Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
				Disposed of (D) (Instr. 3,						Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Robertson I. Duncan C/O CARE.COM, INC. 77 FOURTH AVENUE, 5TH FLOOR WALTHAM, MA 02451	Х			
Signatures				
/s/ Diane Musi, as Attorney-in-Fact for Robertson	01/02/2019			
<u>**</u> 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) These shares were issued to the Reporting Person in lieu of board retainer fees of \$13,750.00.

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.