Edgar Filing: LOVOI JOHN - Form 4

LOVOI JOHN	Ν												
Form 4													
October 02, 2	018												
FORM	4										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box							Expires:	January 31,					
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated a	2005 average					
Section 16	Section 16. SECURITIES							burden hours per					
Form 4 or Form 5	Form 4 or							response	0.5				
obligation	~ ^	•						-	ge Act of 1934,				
may contin				•	•	-	•		f 1935 or Sectio	n			
See Instruc	ction	30(n)	of the Inv	estment	Comp	any .	Act	of 194	40				
1(b).													
(Print or Type R	esponses)												
	•												
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to								
LOVOI JOHN			Symbol	-						Issuer			
			DRIL-Q	UIP INC	[DRQ]			(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansactio	n			(Chec	ck all applicable)		
6401 NORTH ELDRIDGE				(Month/Day/Year)					Director 10% Owner Officer (give title Other (specify below)				
			10/01/2018										
PARKWAY									below)	below)			
	(Street)		4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)						Applicable Line)				
									X Form filed by Form filed by M				
HOUSTON,	TX 77041								Person		porting		
(City)	(State)	(Zip)	Tabla	I - Non-F	Dorivati	~ So	curit	ios A ca	quired, Disposed o	f or Bonoficial	lly Owned		
1 77:41 6	от (its Att			-		
1.Title of Security	2. Transaction (Month/Day/Y)	on Date, if	3. 4. Securities if TransactionAcquired (A) or						6. Ownership Form: Direct	7. Nature of Indirect			
(Instr. 3)	(iviolitii) Duji 1	any	Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)						Beneficially (Owned	(D) or	Beneficial		
		(Month/						5)		ndirect (I)	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)			
							(A)		Transaction(s)				
				Code V	Amo		or (D)	Price	(Instr. 3 and 4)				
Common	4.0.40.4.19.0.4.5												
Stock	10/01/2018			А	915	<u>1)</u> /	4	\$0	27,367	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer Other

Reporting Owners

Reporting Owner Name / Address

LOVOI JOHN 6401 NORTH ELDRIDGE PARKWAY HOUSTON, TX 77041

Signatures

/s/ James C. Webster, Attorney-in-Fact

**Signature of Reporting Person

10/02/2018 Date

Director

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).

This restricted stock award was granted pursuant to the Company's 2017 Omnibus Incentive Plan and therefore has no purchase or sales

(1) price. This restricted stock award was received in lieu of all or a portion of the quarterly fees related to the reporting person's service on the Board of Directors and its committees.

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.