## Edgar Filing: JOINT Corp - Form 4

JOINT Cor	p											
Form 4												
July 13, 201												
FORM			CECU				NCE		т	PPROVA	Ĺ	
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	NOMB Number:	3235-	0287	
Check t	his box		vv a	isington	, D.C. 20	549				Januar	v 31.	
if no lor		<b>MENT OF</b>	T CHAI	NGES IN	BENEF	ICIA		WNERSHIP OF	Expires:		2005	
subject Section	10			SECURITIES					Estimated	Estimated average burden hours per		
Form 4									response	•	0.5	
Form 5	Filed put	rsuant to S	Section	16(a) of th	e Securi	ties E	Excha	nge Act of 1934,	·			
obligati may cor				•	•	-	•	of 1935 or Section	on			
See Inst		30(h)	of the I	nvestment	Compar	iy Ac	ct of 1	940				
1(b).												
(Print or Type	Responses)											
1. Name and Holt Peter	Address of Reporting	Person <sup>*</sup>		er Name <b>an</b> o	l Ticker or	Tradi	ing	5. Relationship o Issuer	of Reporting Per	rson(s) to		
			Symbol	Corp [JY	NTI							
( <b>T</b>				• -	-			(Che	eck all applicabl	e)		
(Last)	(First) (	Middle)		of Earliest T	ransaction			Director	100	/ Owner		
16767 N. F	PERIMETER DR.	. STE.		Month/Day/Year) )7/11/2016			X Officer (give title Other (specify					
240		,	0771171					below)	below) hief Executive (	Officer		
	(Streat)		4 10 4					-				
	(Street)			endment, Day/Yea	-	u		6. Individual or . Applicable Line)	Joint/Group Fili	ng(Check		
			T neu(m	Jilli/Day/Tea	.)			_X_ Form filed by	One Reporting P	erson		
SCOTTSD	ALE, AZ 85260							Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	1	
1.Title of	2. Transaction Date			3. Trono eti e	4. Securit		_		6. Ownership	7. Nature	of	
Security (Instr. 3)	(Month/Day/Year) Execution any		Date, if TransactionAcquired (A) or Code Disposed of (D)					Form: Direct (D) or Indirect	Indirect Beneficia	ıl		
· /		•	y/Year)	(Instr. 8)	-			Owned	(I)	Ownersh		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	•		•	•				
					Perso	ns w	ho res	pond to the colle	ction of S	SEC 1474		

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)

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

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(Instr. 3)	Price of Derivative Security	(Month/Day/Ye	ear) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
			Code V	(A) (	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.23	07/11/2016	А	50,000	<u>(1)</u>	07/11/2026	Common Stock	50,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Holt Peter D 16767 N. PERIMETER DR., STE. 240 SCOTTSDALE, AZ 85260			Acting Chief Executive Officer					
Signatures								
/s/ Robin C. Friedman, Attorney-in-fact	07/13/2016							
**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) 12,500 options will become exercisable on each of the first 4 anniversaries of the grant date.

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.

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