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FASTENAI	LCO								
Form 4									
March 03, 2	2016								
FORM	Λ4		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					OMB AF	PROVAL
Washington, D.C. 20549							OMB Number:	3235-0287	
Check this box if no longer								Expires:	January 31, 2005
subject t Section Form 4	SECU	NGES IN BENEFICIAL OWN SECURITIES				Estimated average burden hours per response 0.5			
Form 5 obligation may cor <i>See</i> Instr 1(b).	ons Section 17(a) of the Publ		lding Co	mpar	ny Act of	Act of 1934, 1935 or Section)	I	
(Print or Type	Responses)								
1. Name and A Lisowski S	Issuer Name an Ibol STENAL CC			8	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	liddle) 3. D	ate of Earliest T	ransaction	h		(Check	all applicable)
155 WILD	nth/Day/Year) 02/2016	runsuetroi			Director 10% Owner X Officer (give title Other (specify below) below) Interim CFO/CAO/Controller				
	Amendment, D d(Month/Day/Yea	-	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WINONA,	MN 55987					:	Form filed by Mo Person	ore than One Re	porting
(City)	(State) (2	Zip)	Table I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if				sed of 4 and (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	OwnershipIndirectForm:BeneficiDirect (D)Ownership	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	03/02/2016		М	5,000	А	\$ 22.5	5,300	D	
Common Stock	03/02/2016		S	5,000	D	\$ 46.6871	300	D	
Common Stock							801 <u>(3)</u>	Ι	Held by 401(K) Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number onof Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	\$ 22.5	03/02/2016		М	5,000) (1)	05/31/2016	Common Stock	5,000	
Employee Stock Option (Right to Buy)	\$ 54					<u>(1)</u>	05/31/2021	Common Stock	5,000	
Employee Stock Option (Right to Buy)	\$ 42					(2)	05/31/2024	Common Stock	41,666	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Lisowski Sheryl Ann 155 WILDWOOD DRIVE WINONA, MN 55987			Interim CFO/CAO/Controller				
Signatures							
/s/ John J. Milek, Attorney-in-Fact	(03/03/2016					
**Signature of Reporting Person		Date					

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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).
- The options will fully vest and become exercisable over a period of eight years, with 50% of the options vesting and becoming
 (1) exercisable half way through the relevant vesting period, and the remainder vesting and becoming exercisable proportionately each year thereafter.

The options will fully vest and become exercisable over a period of five years, with 50% of the options vesting and becoming exercisable
 (2) half way through the relevant vesting period, and the remainder vesting and becoming exercisable incrementally (20%, 20% and 10%) each year thereafter.

(3) Shares attributed to reporting person's account within issuer's 401(K) Plan as of March 2, 2016.

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.