Edgar Filing: Anderson Melissa H. - Form 4

| Anderson Me Form 4 | | | | | | | | | | | |
|--|--|-------------|--|---------------------------|-----------|-------|--|--|--|--------------------|--|
| February 16, 2018 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long | STATEMENT OF CHANGES IN BENEFICIAL OWNERS S. SECURITIES | | | | | | | | Expires: | January 31 2005 | |
| subject to Section 1 Form 4 o Form 5 | | | | | | | | | Estimated a burden hour response | verage | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 17(a | a) of the l | Public Ut | | ling Con | npany | y Act of | 1935 or Section | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Anderson Melissa H. | | | Symbol | Name and nergy CO | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (N | /liddle) | | Earliest Tr | L | - | | (Checl | k all applicable |) | |
| 550 S TRYON STREET | | | (Month/Day/Year) 02/14/2018 | | | | | Director 10% Owner Officer (give title Other (specify below) below) below) EVP,Administration&Chief HROff | | | |
| | | | | ndment, Da h/Day/Year) | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| CHARLOT | TE, NC 28202 | | | | | | | Person | lore than One Ke | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)1.Title of (Month/Day/Year)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | n Date, if | Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 02/14/2018 | | | М | 3,005 | А | \$ 75.48 | 14,184 | D | | |
| Common Stock | 02/14/2018 | | | F | 910 | D | \$ 75.48 | 13,274 | D | | |
| Common Stock | | | | | | | | 1,680 | Ι | By 401(k) | |

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

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number.

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

| | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | of | | Date | Amo Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|--|-------------------|---|---|--|-------------|---------------------|--------------------|----------------------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Reporting Owners | | | | | | | | | | | |
| Danastina | Owner Nem | Addross | | Relatio | | | | | | | |
| Reporting Owner Na | | Directo | r 10% Owner C | Officer | | | Ot | her | | | |
| Anderson Melissa H. 550 S TRYON STREET E CHARLOTTE, NC 28202 | | | | EVP,Adn | ninistratio | on&Chief H | ROff | | | | |
| Signa | tures | | | | | | | | | | |
| • | Maltz, attor | rney-in-fact for M | elissa H. | 02 | 2/14/2018 | | | | | | |
| | <u>**</u> Signatu | are 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).

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.