Edgar Filing: CARDTRONICS INC - Form 4

CARDTRON	VICS INC										
Form 4											
May 31, 2010	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi							Expires:	January 31,			
subject to STATEMENT OF CHA				NGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average	
Section 1					SECURITIES				burden hours per		
Form 4 or Form 5					a .				response 0		
obligation	1 0						•	e Act of 1934,			
may conti	inue. Section 17(vestment	•	- ·		1935 or Section	1		
See Instru 1(b).	iction	50(II) (Ji ule Ili	vestment	Compan	y At	1 01 194	0			
1(0).											
(Print or Type R	Responses)										
	ddress of Reporting	Person [*]	2. Issuer	suer Name and Ticker or Trading ol				5. Relationship of Reporting Person(s) to			
Garcia Gera	rdo		Symbol					Issuer			
CAF				RONICS	INC [C.	ATM	[]	(Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of	Earliest Tr	ansaction					,	
				onth/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
			05/26/2016					below) below)			
400								Chief Inf	o. Security Off	icer	
			4. If Ame	If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			Filed(Mor								
								_X_Form filed by C Form filed by M			
HOUSTON,	, TX 77042							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deem	ed	3.	4. Securit	ties Ad	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transactio				Securities	Form: Direct		
(Instr. 3)		any (Month/D)	Code (Instr. 3, 4 and 5) $Day/Year$ (Instr. 8)				5)	2		Beneficial Ownership	
		(Month/Da	ay/1cal)	(Instr. 8)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/26/2016			S	8,588	D	\$	27,549	D		
Stock							38.37				

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>					(2)	(2)	Common Stock	12,323	

Reporting Owners

Reporting Owner Name / Address	ss Relationships						
r U	Director	10% Owner	Officer	Other			
Garcia Gerardo 3250 BRIARPARK DRIVE SUITE 400 HOUSTON, TX 77042			Chief Info. Security Officer				
Signatures							
Michael E. Keller, as his Attorney-in-Fact		05/3	05/31/2016				
**Signature of Reporting Person		D	ate				

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) Each restricted stock unit represents a contingent right to receive one share of Cardtronics common stock.

Owner granted restricted stock units under Cardtronics' annual Long Term Equity Incentive Plans. Units are subject to the terms of said
 (2) plans and each unit thereunder automatically converts to a share of common stock at the rate of 50%, 25% and 25% of the total units granted on January 31st of the 2nd, 3rd, and 4th year following the plan year.

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.