

CINTAS CORP
Form 5
July 14, 2017

FORM 5

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *
Coletti Robert E.

(Last) (First) (Middle)

2. Issuer Name and Ticker or Trading Symbol
CINTAS CORP [CTAS]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

6847 CINTAS BLVD., SUITE 120

(Street)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
05/31/2017

Director 10% Owner
 Officer (give title below) Other (specify below)
Assistant Secretary

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting (check applicable line)

MASON, OH 45040

Form Filed by One Reporting Person
 Form Filed by More than One Reporting Person

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	^	^	^	^	^	^	1,549	D	^
Common Stock	^	^	^	^	^	^	28,307	I	By Spouse
Common Stock	^	^	^	^	^	^	150,000	I	By Limited Liability Company ⁽¹⁾
Common Stock	^	^	^	^	^	^	122,733	I	By Limited Partnership

(2)

Common Stock 94,054 I By Trusts ⁽³⁾

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

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SEC 2270 (9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I S F I
					(A) (D)	Date Exercisable Expiration Date	Title Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Coletti Robert E. 6847 CINTAS BLVD. SUITE 120 MASON, OH 45040	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistant Secretary <input type="checkbox"/>

Signatures

/s/ Robert E. Coletti 07/14/2017

__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) Owned by a limited liability company under Mr. Coletti's spouse's control. The Reporting Person disclaims beneficial ownership of these shares, except to the extent of any pecuniary interest therein.
- (2) Owned by a limited partnership under Mr. Coletti's spouse's control. The Reporting Person disclaims beneficial ownership of these shares, except to the extent of any pecuniary interest therein.

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- (3) Owned by trusts for the benefit of Mr. Coletti and his family. The Reporting Person disclaims beneficial ownership of these shares except to the extent of any pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.