Edgar Filing: Weber Brian P - Form 4

| Weber Brian | Р | | | | | | | | | | |
|--------------------------------|--------------------|-----------------------------------------------|-------------------------------------|-----------------------------------------|------------|--------|---------------------------------------------------|---------------------------------------|----------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| March 02, 20 | | | | | | | | | | | |
| FORM | 14 UNITED | D STATE | SECHE | ITIES A | ND FY | ∩н∧ | NCEC | OMMISSION | | PPROVAL | |
| | UNITE | DSIAIL | | shington, | | | NGE C | | OMB Number: | 3235-0287 | |
| Check the | | | v v ee. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | D.C. 20 | | | | | January 31, | |
| if no long subject to | | EMENT O | F CHAN | GES IN | BENEF | ICIA | LOW | NERSHIP OF | Expires: | 2005 | |
| Subject it Section 1 | | | | SECURITIES | | | | | Estimated a burden hou | | |
| Form 4 o | r | | | | | | | | response 0.5 | | |
| Form 5 obligation | | | | | | | | e Act of 1934, | | | |
| may cont | | | | • | • | · · | | 1935 or Section | n | | |
| See Instru | uction | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | .0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and A | ddress of Reportin | ng Person * | 2 Issue | · Name and | Ticker or | Tradi | na | 5. Relationship of | Reporting Pers | son(s) to | |
| Weber Brian P Symbol | | | r Name and Ticker or Trading | | | | Issuer | | | | |
| | | | • | HARBO | RS INC | [CL] | H] | | | 、 | |
| (Last) | (First) | (Middle) | 3. Date of | Earliest Tr | ansaction | - | - | (Chec | k all applicable | ;) | |
| · · / | | ` ' | (Month/E | | | | Director 10% Owner | | | | |
| 27 INDEPENDENCE DRIVE 02/28/20 | | | - | | | | XOfficer (give title Other (specify below) below) | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | VP (CHESI) | | |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | 1 | | 6. Individual or Jo | int/Group Filir | 1g(Check | |
| | | | nth/Day/Year) | | | | Applicable Line) | | | | |
| | | | | | | | | _X_Form filed by C | | | |
| WALPOLE | , MA 02081 | | | | | | | Form filed by M Person | fore than One Re | 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 Da | ate 2A. Dee | med | 3. | 4. Securi | ties A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Yea | on Date, if Transaction(A) or Disposed of (D) | | | | | Securities | Form: Direct | | | |
| (Instr. 3) | | any (Month/ | Day/Year) | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Beneficially Owned | · · / | Beneficial Ownership | |
| | | (WORLD) | Day/ICal) | (Insu. 0) | | | | Following | Indirect (I) (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| C | | | | Code V | Amount | (D) | Price | (mour o und r) | | | |
| Common Stock (1) | 02/28/2018 | | | F | 3,037 | D | \$0 | 54,168 | D | | |
| | | | | | | | | | | | |
| Common Stock (2) | 03/01/2018 | | | F | 286 | D | \$ 48.06 | 53,882 | D | | |

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.

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 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 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

| Reporting Owner Name / Address | Relationships | | | | | | | |
|-------------------------------------------------------------|---------------|-----------|-------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Weber Brian P 27 INDEPENDENCE DRIVE WALPOLE, MA 02081 | | | EVP (CHESI) | | | | | |
| Signatures | | | | | | | | |
| Brian P. Weber 02 | 3/02/2018 | | | | | | | |

**Signature of Date Reporting Person

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) Forfeiture of shares of restricted stock due to Company's failure to achieve goals under Long Term Equity Incentive Plan
- (2) Surrender of shares for tax liability upon vesting of restricted stock

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.