## Edgar Filing: Hill International, Inc. - Form 4

Hill Internati	onal, Inc.												
Form 4													
August 12, 2	015												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								r	OMB APPROVAL				
Check this box							OMB Number:	3235-0287					
if no long	ter.								Expires:	January 31, 2005			
subject to	SIAII	EMENTO	F CHAN	GES IN BENEFICIAL OWNERS				NERSHIP OF	Estimated a	Estimated average			
Section 16. Form 4 or				SECURITIES					burden hours per				
Form 5		ursuant to	Section 10	5(a) of the	Securit	ies F	vchanc	ge Act of 1934,	response	0.5			
obligation	ns Section 1						-	f 1935 or Sectio	n				
may cont <i>See</i> Instru	inue.			vestment (	•	· ·			11				
1(b).	iction				•	5							
(Print or Type F	Responses)												
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	Name and	Ticker or Trading 5. Relationship of				f Reporting Per	son(s) to			
Richter Irvin E Symbo				2. Issuer Name <b>and</b> Ticker or Trading					Issuer				
			•	International, Inc. [HIL]									
(Last)	(First)	(Middle)		Earliest Tra		-		(Chec	ck all applicable	e)			
(Luot)	(1 1100)	(initiate)	(Month/D		liisaetioli			_X_ Director	X 109	% Owner			
C/O HILL I	NTERNATIO	NAL,	08/10/20	-				$\underbrace{\text{Officer (give title } X \text{Other (specify}))}_{\text{balaw}}$					
INC., 2005 MARKET STREET,								below)	below) Chairman				
17TH FLOO	DR												
	(Street)		4. If Ame	ndment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mon				nth/Day/Year)				Applicable Line)					
		0.2						_X_ Form filed by Form filed by N	One Reporting Pe Aore than One Re				
PHILADEL	PHIA, PA 191	.03						Person		.r			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative	Securi	ities Aco	quired, Disposed o	f, or Beneficial	lly Owned			
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Ye	ear) Execution	on Date, if		ion(A) or Disposed of			Securities	Form: Direct				
(Instr. 3)		any (Month/	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned		Beneficial Ownership			
		(Ivionui/	Day/Tear)	(Insu. 0)	(msu. 5,	+ and	5)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported					
						or		Transaction(s) (Instr. 3 and 4)					
G				Code V	Amount	(D)	Price	(msu. 5 and 4)					
Common	08/10/2015			S	5,000	D	\$	5,193,445 <u>(1)</u>	D				
Stock							4.97						
Common Stock	08/11/2015			S	5,800	D	\$ 4 96	5,187,645 <u>(1)</u>	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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		
Richter Irvin E C/O HILL INTERNATIONAL, INC. 2005 MARKET STREET, 17TH FLOOR PHILADELPHIA, PA 19103	Х	Х		Chairman		
Signatures						

/s/ Irvin E. 08/12/2015 Richter \*\*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) Does not include 36,166 shares held in the Issuer's 401(k) Plan for the benefit of the reporting person.

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.