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MARTEN TR Form 4 March 11, 201	ANSPORT LTI)										
FORM	Л								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no longe	ar .							Expires:	January 31 2005			
subject to STATEMENT OF CHANGE					SES IN BENEFICIAL OWNERSHIP O					Estimated average		
	Section 16. SECURITIES							burden hours per				
Form 4 or Form 5	Filed pure	mont to	Section 1	S(n) of the	- Socurit	ios F	vohon	a_{2} Act of 1034	response	0.5		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type Re	esponses)											
MARTEN RANDOLPH L Syn				Name and EN TRAN]			0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month.				Date of Earliest Transaction Ionth/Day/Year) 3/07/2014				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below)				
12) MARIL	IN STREET		03/07/20	/14				Chairman of the Board and CEO				
				f Amendment, Date Original ed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
MONDOVI,	WI 54755							Person	lore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Ac	equired, Disposed of	, or Beneficial	ly Owned		
	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) c l of (D))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	03/07/2014			А	7,826 (1)	A	\$0	7,322,188.01 (2)	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.

 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. Transac Code (Instr. 8	 5. ctionNumber of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	(Month/Day ve s 1	Date	Amou Unde Secur	le and unt of rlying ities . 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		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MARTEN RANDOLPH L 129 MARTEN STREET MONDOVI, WI 54755	Х	Х	Chairman of the Board and CEO					
Signatures								
/s/ James J. Hinnendael, attorney-in-fact		03/11/2	3/11/2014					
<u>**</u> 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) Includes 5,889 shares that the reporting person has deferred under the Issuer's deferred compensation plan.

Includes: (i) 3,600 shares granted under a Performance Unit Award Agreement that vest on 12/31/2014 through 12/31/2017, (ii) 1,350 shares granted under a Performance Unit Award Agreement that vest on 12/31/2014, (iii) 1,800 shares granted under a Performance Unit

(2) Award Agreement that vest on 12/31/2014 through 12/31/2015, (iv) 2,408 shares granted under a Performance Unit Award Agreement that vest on 12/31/2014 through 12/31/2016 and (v) 20,887.01 shares that the reporting person has deferred under the Issuer's deferred compensation plan.

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.