Edgar Filing: Meyers Charles J - Form 4

| Meyers Cha Form 4 | | | | | | | | | | | |
|---|---|---|---|----------------|-------|-------------------------|--|---|---|--|--|
| July 17, 201 FORM Check th if no lon subject to Section 7 Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b). | A 4 UNITED States of the section 17 (a) and the section 17 (a) a | Washington, IANGES IN SECUR on 16(a) of the ic Utility Hold | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, tility Holding Company Act of 1935 or Section vestment Company Act of 1940 | | | | | OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| Meyers Charles J Symbol | | | ^{bol} UINIX INC [I | NIX INC [EQIX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) ONE LAGO FLOOR | (First) (N DON DRIVE, 4TI | (Mor | ate of Earliest Tr nth/Day/Year) 16/2018 | ansaction | | | Director X Officer (give the below) Preference | | Owner r (specify | | |
| | (Street) | | Amendment, Da d(Month/Day/Year) | - | 1 | | 6. Individual or Joi Applicable Line) _X_ Form filed by O | ne Reporting Per | son | | |
| REDWOOI | D CITY, CA 9406 | 5 | | | | | Form filed by Mo Person | ore than One Rej | porting | | |
| (City) | (State) | (Zip) | Table I - Non-D | erivative | Secur | ities Acqu | uired, Disposed of, | or Beneficiall | y Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code | (Instr. 3, | spose | d of (D) 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 07/16/2018 | | S <u>(1)</u> | 280 | D | \$ 443.14 | 3,836 | 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)

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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 | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | SS | Relationships | | | | | | | |
|--|------------|---------------|-------------------|-------|--|--|--|--|--|
| 1 0 1 1 1 1 1 | Director | 10% Owner | Officer | Other | | | | | |
| Meyers Charles J ONE LAGOON DRIVE 4TH FLOOR REDWOOD CITY, CA 9406 | 55 | | President, SSI | | | | | | |
| Signatures | | | | | | | | | |
| Samantha Lagocki, POA | 07/17/2018 | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Shares were sold pursuant to a 10b5-1 Trading 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. h was based on satisfaction of certain performance criteria for the fiscal year ending 10/30/10. The performance criteria were met.(2)25% of the units vest on the date shown followed by three equal annual installments. 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.

**Signature of Reporting