#### Edgar Filing: KERR ALAN - Form 4

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Form 4 February 15,											
FORM									OMB A	PPROVAL	
	UNITEL	) STATES		ITIES A hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check the if no long	a ar								Expires:	January 31	
subject to Section 1 Form 4 o	6. <b>SIAIE</b>	MENT OI	GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated a burden hou response	rs per		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17										
(Print or Type I	Responses)										
KERR ALAN S			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol DIEBOLD NIXDORF, Inc [DBD]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Check						k all applicable	e)		
C/O DIEBC	DLD NIXDORF RATED, 5995 M		(Month/D 02/13/20	ay/Year)				Director X Officer (give below)		o Owner er (specify	
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>					
NORTH CA	ANTON, OH 44	720						Form filed by N Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any							Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	02/13/2018			A	2,724 (1)	A	\$ 0	37,111 <u>(2)</u>	D		
Common Shares	02/13/2018			F	1,021 (1)	D	\$ 14.3	36,090 <u>(2)</u>	D		

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

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non-Qualified Stock Option	\$ 38.02					08/04/2015	08/03/2024	Common Stock	7,751
Non-Qualified Stock Option	\$ 32.33					02/05/2016	02/04/2025	Common Shares	22,735
Non-Qualified Stock Option $(3)$	\$ 27.39					02/03/2017	02/02/2026	Common Shares	23,744
Non-Qualified Stock Options	\$ 26.6					02/08/2018	02/07/2027	Common Shares	44,408
Non-Qualified Stock Option $(4)$	\$ 18.75					02/01/2019	02/01/2028	Common Shares	23,227

# **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
KERR ALAN C/O DIEBOLD NIXDORF, INCORPORATED 5995 MAYFAIR ROAD NORTH CANTON, OH 44720			SVP, Software	
Signatures				
Mary M. Swann, Attorney in fact for Alan Kerr	02/1	5/2018		
**Signature of Reporting Person	D	ate		

### **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) Reflects delivery of shares earned under the 2015-2017 performance-based deferred shares award and withholding of shares pursuant to tax withholding right.
- (2) Number includes restricted stock units.
- (3) Granted under the 1991 Equity and Performance Incentive Plan; option is generally exercisable in annual increments of 1/3, 1/3, 1/3 beginning one year from the date of grant.
- (4) Granted under the 2017 Equity and Performance Incentive Plan; option is generally exercisable in annual increments of 1/3, 1/3, 1/3 beginning one year from the date of grant.

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.