Edgar Filing: BERSHAD STEPHEN W - Form 5

BERSHAD STEPHEN W

Form 5

January 29, 2019

FORM 5

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0362 Expired: January 31,

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940

Form 4

Transactions Reported

(City)

1.Title of

(State)

08/23/2018

(Zip)

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2. Transaction Date 2A. Deemed

1. Name and Address of Reporting Person * BERSHAD STEPHEN W			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
(Last) C/O NOVAI MIDDLESE			NOVANTA INC [NOVT] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018	(Check all applicable) _X_ Director 10% Owner Officer (give title below) below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting (check applicable line)			
BEDFORD,	MA 017	30		_X_ Form Filed by One Reporting Person			

Acquired, Disposed of, or Beneficially Owned								
uired	5. Amount of	6. Ownership	7. Nature of					
of	Securities	Form: Direct	Indirect					
	Beneficially	(D) or	Beneficial					
)	Owned at end	Indirect (I)	Ownership					

D

Form Filed by More than One Reporting

Security	(Month/Day/Year)	Execution Date, if	Transaction	(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5	i)	Owned at end	Indirect (I)	Ownership
					(A)		of Issuer's	(Instr. 4)	(Instr. 4)
					(A)		Fiscal Year		
				A 4	or	D	(Instr. 3 and 4)		
				Amount	(D)	Price			
Common	00/02/0010	^	C	5 0,000	Ъ	Φ.Ω	1 161 640	Ъ	^

Table I - Non-Derivative Securities

4. Securities Acq

50,000 D

\$0

1,161,648

Stock 30,000 D \$0,1101,040

3.

G

SEC 2270 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Evaluation		or	
							Expiration	Title	Number	
						Exercisable	Date		of	
					(A) (D)				Shares	

of D

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Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BERSHAD STEPHEN W C/O NOVANTA INC. 125 MIDDLESEX TURNPIKE BEDFORD, MA 01730	ÂX	Â	Â	Â			

Signatures

/s/ Joanna Tow,
Attorney-In-Fact

**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).

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Remarks:

Power of Attorney on file

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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