Edgar Filing: EZRILOV ROBERT - Form 4

EZRILOV RO Form 4	OBERT										
January 03, 20	018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									PPROVAL 3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATE 5. Filed p ^s Section 1	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Expires: Estimated a burden hou response	Estimated average burden hours per response 0.5		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> EZRILOV ROBERT			2. Issuer Name and Ticker or Trading Symbol C H ROBINSON WORLDWIDE INC [CHRW]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 14701 CHAF	()			3. Date of Earliest Transaction(Month/Day/Year)12/29/2017				X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
EDEN PRAI	RIE, MN 5534	47					Form filed by Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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							88,636	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. Transacti Code (Instr. 8)		Expiration Date ivative (Month/Day/Year) urities juired or posed D) tr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (Restricted Stock Units)	<u>(1)</u>	12/29/2017		А	378 (2)	(3)	(3)	Common Stock	378	\$

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips				
reporting o when reality read too	Director	10% Owner	Officer	Other			
EZRILOV ROBERT 14701 CHARLSON ROAD EDEN PRAIRIE, MN 55347	Х						
Signatures							
/s/ Troy Renner, Attorney-in-Fact for Robert Ezrilov			01/	1/03/2018			
**Signature of Reporting Person				Date			
Explanation of Responses:							
* If the form is filed by more than a	ne reporting	g person, <i>see</i> Ir	struction 4	n 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) Each phantom share/restricted stock unit will be paid in one share of common stock.
- (2) The reporting person was granted 378 restricted stock units at no cost as a quarterly installment of the annual equity-based award provided to each non-employee director.
- (3) The restricted stock units are immediately vested, and following the reporting person's termination of service as a director, become payable in shares of common stock according to the schedule previously chosen by 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.