Edgar Filing: ZAP Trust - Form 4

ZAP Trust Form 4												
August 24,	2018											
FORM /								OMB APPROVAL				
Check t	Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
if no lor subject Section Form 4 Form 5	nger STATE I to STATE I 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires:January 31, 2005Estimated average burden hours per response0.5		
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	Responses)											
1. Name and Address of Reporting Person <u>*</u> ZAP Trust			2. Issuer Name and Ticker or Trading Symbol Hyatt Hotels Corp [H]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				k all applicable)					
			(Month/Day/Year) 08/22/2018				-	Director10% Owner Officer (give titleXOther (specify below) below) See Remarks				
			/onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
HOUSTON	N, TX 77027						ī	Form filed by Me Person	ore than One Re	porting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8)	4. Securit ord Dispos (Instr. 3, 4	ed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 2 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock	08/22/2018			Code V $S(\underline{1})$	Amount 22,096	(D) D	Price \$ 78.7612 (1)	(Instr. 3 and 4) 0	I	See Footnote 2 (2)		

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)

Edgar Filing: ZAP Trust - Form 4

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)	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 Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ZAP Trust						
C/O 1922 TRUST COMPANY LTA, TRUSTEE				See		
3555 TIMMONS LANE, SUITE 800				Remarks		
HOUSTON, TX 77027						
Signatures						
/s/Lewis M Linn Authorized						

/s/ Lewis M. Linn, Authorized 08/24/2018 Signer

**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).
- The reporting person is a partner of a partnership that contributed H common stock to an exchange fund in exchange for shares of the exchange fund. The H common stock was valued at \$78.7612 per share for the purpose of determining the number of shares of the exchange fund issuable.
- (2) By LCI H Company LP, a limited partnership in which the Reporting Person is a limited partner.

Remarks:

The Reporting Person may be deemed to be a member of a 10% owner group because the Reporting Person has agreed to certa

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.