## Edgar Filing: FLIR SYSTEMS INC - Form 4

FLIR SYST	EMS INC										
Form 4											
May 04, 201	.5										
FORM	14		CECUI				NCEC			PROVAL	
	UNITEL	<b>SIAIE</b>		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th	is box		vvas	sinington,	D.C. 20	349				January 31,	
if no long	- NIATH	MENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1	0			GES IN BENEFICIAL OWNER SECURITIES					Estimated average burden hours per response 0.5		
Form 4 c											
Form 5	Filed pu	irsuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatio may con		(a) of the	Public U	ility Hold	ling Con	npang	y Act of	1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type ]	Responses)										
(I fint of Type )	(kesponses)										
1. Name and A	Address of Reporting	g Person <u>*</u>	2. Issue	Name and	Ticker or	Tradi	ng	5. Relationship of	Reporting Person(s) to		
TEICH ANDREW C Symbol				Thanke und Treker of Training				Issuer			
			FLIR S	YSTEMS	INC [FI	LIR]			11 1. 1. 1.1	`	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Check	k all applicable	;)	
			(Month/E	ay/Year)				Director	10%	Owner	
27700 SW I	PARKWAY AV	ENUE	04/30/2	015				X Officer (give below)	title Other below)	er (specify	
								· · · · · · · · · · · · · · · · · · ·	dent and CEO		
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filir	1g(Check	
				onth/Day/Year)				Applicable Line)			
								_X_Form filed by C			
WILSONV	ILLE, OR 97070	)						Form filed by M Person	lore than One Ke	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D) $C_{1}$					Securities	Form: Direct (D) or			
(Instr. 3) any (Month/Day/Yea			Dav/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Beneficial Ownership		
		(		(				Following	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price ¢	<b>`</b>			
Common Stock	04/30/2015			F	7,915	D	\$ 30.89	238,363	D		
							\$0.07				
Common Stock	05/01/2015			F	3,737	D	\$ 31.26	234,626	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)	4. Transactio Code (Instr. 8)	5. 6. Date Exerci- orNumber Expiration Dat of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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 / Address	Relationships							
, g	Director	10% Owner	Officer	Other				
TEICH ANDREW C 27700 SW PARKWAY AVENUE WILSONVILLE, OR 97070			President and CEO					
Signatures								
David A. Muessle, Attorney-in-fact Teich	ew C.	05/04/2015						
<u>**</u> Signature of Reporting Pers		Date						
Explanation of Responses:								

## 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).

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.