## Edgar Filing: Gonsior Dennis - Form 4

Form 4 May 03, 2019												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
		SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549						OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or	er <b>STAT</b> 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: Estimated a burden hou	irs per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed s Section	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								response	0.5	
(Print or Type R	esponses)											
Gonsior Dennis Symbol				ier Name <b>and</b> Ticker or Trading I ICON CORP [IIN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Chee				ck all applicable	k an applicable)				
C/O INTRIC CORPORAT ROAD	CON FION, 1260 F	RED FOX	(Month/Da 05/01/20	•					Director X Officer (give below) Senio		6 Owner er (specify 18	
					ndment, Date Original h/Day/Year)				<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ol>			
ARDEN HII	LLS, MN 551	12							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any		3. Transac Code (Instr. 8	etior 3)	4. Securi Acquired Disposed (Instr. 3,	ties l (A) o l of (D 4 and (A) or	r ) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Common Stock	05/01/2019			A		Amount 5,978	(D) A	Price \$ 0	62,842 <u>(1)</u> <u>(2)</u>	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. Transactio Code (Instr. 8)	5. onNumber of 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 Secu Bene Owno 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					
Gonsior Dennis C/O INTRICON CORPORATION 1260 RED FOX ROAD ARDEN HILLS, MN 55112			Senior VP, Operations						
Signatures									
/s/ Scott Longval, attorney-in-fact	05/03/	/2019							
**Signature of Reporting Person	Dat	e							

## **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 reported transaction involved the reporting person's receipt of a grant of 5,978 restricted stock units under the Issuer's 2015 Equity
 Incentive Plan. The reporting person has reported prior awards of restricted stock units in Table II of Form 4. The total reported in column 5 includes the 5,978 newly awarded restricted stock units, 5,000 previously reported unvested restricted stock units, and 51,773

- previously reported shares of common stock.
- (2) Includes a total of 91 shares acquired under the IntriCon Employee Stock Purchase Plan ("ESPP") and not previously disclosed.

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.