## Edgar Filing: G&K SERVICES INC - Form 4

G&K SERVI	ICES INC										
Form 4											
January 05, 2	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OND	3235-0287			
Check thi	s box		Was	hington,	D.C. 205	549			Number:		
if no long	or								Expires:	es: January 31 2005	
subject to	SIAL	EMENT O	OF CHAN			CIA	LOW	NERSHIP OF	Estimated		
Section 16. SECURITIES						burden hours per					
Form 4 or Form 5		nursuant to	Section 16	$\delta(a)$ of the	Securiti	es Fr	vchand	ge Act of 1934,	response 0		
obligatior	<sup>18</sup> Section	•						f 1935 or Sectio	m		
may conti	inue.		) of the Inv	•	•				/11		
See Instru 1(b).	iction	00(11	) 01 010 111	•••••••••	e e inpani.	,	. 01 17				
(Print or Type R	Responses)										
	ddress of Reporti	ing Person *		r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
-				ymbol				155001			
	G&K SI	G&K SERVICES INC [GK]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
(Month/D				-				X_ Director 10% Owner Officer (give title Other (specify			
	PARKWAY,	SUITE	01/03/20	)17				below)	below)	er (specify	
500											
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mor							Applicable Line) _X_ Form filed by One Reporting Person				
MINNETON	NKA, MN 553	8/13							More than One R		
MINILIOI	MA, MIN 555	5						Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year) Exec		ion Date, if	TransactionAcquired (A) or			Securities	Form: Direct			
(Instr. 3)		any (Month	(Day (Vaar)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			•	(D) or Indirect (I)	Beneficial Ownership		
		(Monu	/Day/Year) (Instr. 8) (Instr. 3, 4			4 and	<b>—</b> 11 1		Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Reported	( ,		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Class A					1,089						
Common	01/03/2017			А	(1)	А	<u>(2)</u>	5,718 <u>(3)</u>	D		
Stock											

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)

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)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) crivative curities equired ) or sposed (D)		Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
SCHRAM LEE J 5995 OPUS PARKWAY, SUITE 500 MINNETONKA, MN 55343	Х								
Signatures									
/s/ Ruth M. Timm, Attorney-in-Fact	01/05/20	17							
**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).
- (1) Subject to the terms of the company's plan, vests in equal increments over a three year period, commencing on the first anniversary of the date of grant.
- (2) Grant of restricted stock pursuant to Section 16b-3.

(3) Awards are subject to vesting in accordance with the terms of the company's plan.

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.