Edgar Filing: Diplomat Pharmacy, Inc. - Form 4

Diplomat Pha	rmacy, Inc.										
Form 4	7										
April 06, 201'											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							r	OMB APPROVAL			
Washington, D.C. 20549						OMB Number:	3235-0287				
Check this	box		• • u b.		D.C. 200					January 31,	
if no longer STATEMENT OF C				GES IN H	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 16				SECUR					Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5	Filed p	pursuant to S	Section 16	(a) of the	Securiti	es Ex	cchang	ge Act of 1934,	•		
obligation may contin		17(a) of the	Public Uti	ility Hold	ing Com	pany	Act o	f 1935 or Sectio	n		
See Instruc		30(h)	of the Inv	estment (Company	y Act	of 19	40			
1(b).											
(Print or Type Ro	esponses)										
(Thin of Type R	esponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to					
Urick Paul			Symbol	-				Issuer			
Diplomat Pharmacy, Inc. [DPLO]					(Char	.llll'	->				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Chec	ck all applicable	:)	
(Month/Day/Y				y/Year)			Director	Owner			
C/O DIPLOMAT PHARMACY,			04/04/2017					X_ Officer (give title Other (specify below) below)			
INC., 4100 S	OUTH SAGI	INAW						below)	President		
STREET											
(Street) 4			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	0507								One Reporting Pe More than One Re		
FLINT, MI 4	-8507							Person		1 8	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Execution	on Date, if	Transactio	onAcquired	l (A) o	r	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	(Day (Vaar)	Code Disposed of (D)						Beneficial Ownership	
		(Monun/	• • • • • • • • • •				Owned Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported	. ,	. ,	
						or		Transaction(s)			
				Code V		(D)	Price	(Instr. 3 and 4)			
Common	04/04/2017			А	7,253	А	\$0	10,447	D		
Stock					(1)						

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)	4. Transacti Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Secur	ınt 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		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Urick Paul C/O DIPLOMAT PHARMACY, INC. 4100 SOUTH SAGINAW STREET FLINT, MI 48507			President					
Signatures								
Jeffrey H. Kuras, by Power of Attorney	04/06/2017							
<u>**</u> Signature of Reporting Person	1	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) The restricted stock units ("RSUs") were granted in connection with the Issuer's equity incentive plan. The RSUs will vest on the third anniversary of the grant date.

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.