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| Kulkarni Sub | odh K | | | | | | | | | | |
|--|------------------------|---|--|--------------------------------|------------|---|---|---|---------------------|------------------------|--|
| Form 4 | | | | | | | | | | | |
| May 01, 2019 | 9 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | OMB APPROVAL | | |
| | Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | or | | | | | | | | | January 31, 2005 | |
| subject to | | MENT O | NT OF CHANGES IN BENEFICIAL OWNERSH | | | | | | Estimated a | | |
| Section 16. SECURITIES | | | | | | | burden hours per | | | | |
| Form 4 or Form 5 | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | response | 0.5 | |
| obligation | 1 0 | | | | | | - | 7 1935 or Section | n | | |
| may cont | inue. | | | vestment | • | · · | | | 11 | | |
| See Instru 1(b). | iction | 50(11) | or the m | vestment | compan | y 110 | 101174 | 0 | | | |
| 1(0). | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker of | | | | | Ticker or | Tradir | Trading 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Kulkarni Subodh K Symbol CYBER | | | | | | | | issuei | | | |
| | | | | COPTICS | CORP | CYB. | EJ | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of E | | | | Earliest Transaction | | | | | | | |
| | | | | (Month/Day/Year) 05/01/2019 | | | | X Director 10% Owner X Officer (give title Other (specify below) below) | | | |
| | | | 05/01/2 | | | | | | | | |
| | | | | | | | | Pres | ident and CEO | | |
| (Street) 4. If Ame | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| Filed(Month | | | | th/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| COLDEN V | ALLEV MN 5 | 5416 | | | | | | | fore than One Re | | |
| GOLDEN V | ALLEY, MN 5 | 00410 | | | | | | Person | | | |
| (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 | | | 3. | 4. Securit | | | 5. Amount of | 6. Ownership | | |
| Security (Instr. 3) | (Month/Day/Year | Execution any | ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8) | | | | | | Form: Direct (D) or | Indirect Beneficial | |
| (1150.5) | | • | | | | | 5) | Owned | Indirect (I) | Ownership | |
| | | | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported Transaction(s) | | | |
| | | | | | | or | D · | (Instr. 3 and 4) | | | |
| Common | | | | Code V | | (D) | Price \$ | | | | |
| Stock | 05/01/2019 | | | Р | 500 | А | ф 17.48 | 70,362 <u>(1)</u> | D | | |
| Stoon | | | | | | | 17.10 | | | | |

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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|---------------------------------------|---|-----------------------|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option | \$ 6.97 | | | | | 01/14/2015(2) | 01/14/2021 | Common Stock | 77,000 |
| Employee Stock Option | \$ 9.62 | | | | | 12/05/2015 <u>(2)</u> | 12/05/2021 | Common Stock | 38,750 |
| Employee Stock Option | \$ 7.18 | | | | | 12/11/2016 <u>(3)</u> | 12/11/2022 | Common Stock | 55,000 |
| Employee Stock Option | \$ 26.4 | | | | | 12/09/2017 <u>(3)</u> | 12/09/2023 | Common Stock | 12,000 |
| Employee Stock Option | \$ 15.4 | | | | | 12/08/2018 <u>(3)</u> | 12/08/2024 | Common Stock | 20,000 |
| Employee Stock Option | \$ 19.46 | | | | | 12/07/2019 <u>(3)</u> | 12/07/2025 | Common Stock | 17,500 |

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Reporting Owners

| Reporting Owner Name / Address | | | | | |
|---|-------|----------|----------------------------|-------------------|-------|
| | | Director | Director 10% Owner Officer | | Other |
| Kulkarni Subodh K 5900 GOLDEN HILLS DRIVE GOLDEN VALLEY, MN 55416 | | Х | | President and CEO | |
| Signatures | | | | | |
| Subodh K. Kulkarni | 05/01 | /2019 | | | |
| **Signature of Reporting Person | Da | te | | | |

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).

Includes (a) 2,187 restricted stock units that vest on December 11, 2019, (b) 1,500 shares of restricted stock units that vest in increments of 750 shares on each of December 9, 2019 and 2020, and (c) 7,500 restricted stock units that vest in increments of 2,500 shares on each

- (1) of 150 shares on each of December 9, 2019 and 2020, and (c) 7,500 restricted stock units that vest in increments of 2,200 shares on each of December 7, 2019, 2020, 2021 and 2022.
- (2) Fully exercisable.
- (3) Exercisable with respect to 25% of such shares on such date and with respect to an additional cumulative 25% of such shares on the next three anniversaries of such 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.