FARR DAVID N Form 4 January 02, 2018

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \* FARR DAVID N

2. Issuer Name and Ticker or Trading Symbol

INTERNATIONAL BUSINESS

MACHINES CORP [IBM]

3. Date of Earliest Transaction

(Month/Day/Year) 12/29/2017

C/O SECRETARY'S OFFICE, IBM CORPORATION, NEW ORCHARD ROAD

(First)

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

ARMONK, NY 10504

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

Officer (give title

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Securities Beneficially Owned Following

5. Amount of

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

Reported Transaction(s)

Code V Amount (D) Price

(A)

(Instr. 3 and 4)

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)

(9-02)

#### Edgar Filing: FARR DAVID N - Form 4

| 1. Title of | 2.              | 3. Transaction Date | 3A. Deemed         | 4. 5. Number Transaction of |                          |      | 6. Date Exercisable and Expiration Date |            | 7. Title and Amount of Underlying Securities |        | 8. Price  |
|-------------|-----------------|---------------------|--------------------|-----------------------------|--------------------------|------|-----------------------------------------|------------|----------------------------------------------|--------|-----------|
| Derivative  | Conversion      | (Month/Day/Year)    | Execution Date, if |                             |                          |      |                                         |            |                                              |        | Derivati  |
| Security    | or Exercise     |                     | any                | Code                        | de Derivative            |      | (Month/Day/Year)                        |            | (Instr. 3 and 4)                             |        | Security  |
| (Instr. 3)  | Price of        |                     | (Month/Day/Year)   | Year) (Instr. 8)            |                          | ties |                                         |            |                                              |        | (Instr. 5 |
|             | Derivative      |                     |                    |                             | Acquired (A) or Disposed |      |                                         |            |                                              |        |           |
|             | Security        |                     |                    |                             |                          |      |                                         |            |                                              |        |           |
|             |                 |                     |                    |                             |                          |      |                                         |            |                                              |        |           |
|             |                 |                     |                    |                             | of (D)                   |      |                                         |            |                                              |        |           |
|             |                 |                     |                    |                             | (Instr. 3, 4             |      |                                         |            |                                              |        |           |
|             |                 |                     |                    |                             | and 5)                   |      |                                         |            |                                              |        |           |
|             |                 |                     |                    | Code V                      | (A)                      | (D)  | Date                                    | Expiration | Title                                        | Amount |           |
|             |                 |                     |                    |                             | ()                       | (-)  | Exercisable                             | Date       |                                              | or     |           |
|             |                 |                     |                    |                             |                          |      |                                         |            |                                              | Number |           |
|             |                 |                     |                    |                             |                          |      |                                         |            |                                              | of     |           |
|             |                 |                     |                    |                             |                          |      |                                         |            |                                              | Shares |           |
|             |                 |                     |                    |                             |                          |      |                                         |            |                                              |        |           |
| Promised    | \$ 0 (1)        | 12/29/2017          |                    | $A^{(2)}$                   | 204                      |      | (3)                                     | (3)        | Common                                       | 204    | ¢ 152     |
| Fee Share   | \$ U <u>(1)</u> | 12/29/2017          |                    | A <u>(2)</u>                | 294                      |      | (3)                                     | (3)        | Stock                                        | 294    | \$ 153.   |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FARR DAVID N C/O SECRETARY'S OFFICE, IBM CORPORATION NEW ORCHARD ROAD ARMONK, NY 10504

## **Signatures**

A. Gomes da Silva on behalf of D.

N. Farr

01/02/2018

Date

\*\*Signature of Reporting Person

# **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) Promised Fee Shares under the IBM Board of Directors Deferred Compensation and Equity Award Plan are paid out after retirement in the company's common stock or cash.
- (2) Deferral of fees into Promised Fee Shares under the terms of the IBM Board of Directors Deferred Compensation and Equity Award Plan.
- (3) Distribution of Promised Fee Shares under the IBM Board of Directors Deferred Compensation and Equity Award Plan is deferred until retirement.

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.

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