Edgar Filing: Armbrust Thomas - Form 4

Armbrust The	omas										
Form 4											
May 21, 2018	3										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							r	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							-	3235-0287			
Check this	s box		was	nington,	D.C. 203	549			Number:	January 31,	
if no long	or	EMENT O	E CILANA		DENIDET	CIAI		NEDSIID OF	Expires:	2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OW				NEKSHIP OF	Estimated average		
Section 16 Form 4 or				SECUK	IIIES				burden hou		
Form 5		nursuant to	Section 16	$\delta(a)$ of the	Securiti	es Fr	vehand	ge Act of 1934,	response	0.5	
obligation	¹⁸ Section 1	•						of 1935 or Sectio	'n		
may conti <i>See</i> Instru	nue.		of the Inv	•	•	• •					
1(b).	cuon	()			r	,					
(Print or Type R	esponses)										
1 37 1 4	11 (D (· ъ *						5 5 1 2 1 1			
1. Name and Ac	2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to Issuer					
Symbol											
P				Paramount Group, Inc. [PGRE]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
	AOUNT CDO	IID	(Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
C/O PARAMOUNT GROUP, INC., 1633 BROADWAY, SUITE			05/17/2018					below) below)			
1801	JROAD WAT	, SUIL									
1001			4 0 - 1								
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) Applicable Li X Form file						y One Reporting Person					
NEW YORK	K. NY 10019							Form filed by M	More than One Re		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	· · · · · · · · · · · · · · · · · · ·	on Date, if TransactionAcquired (A) or			Securities	Form: Direct Indirect				
(Instr. 3)		any (Month)	1 • • <i>i</i>					Beneficially Owned		Beneficial Ownership	
					5)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common	05/17/2018			А	7,634 (1)	А	\$0	160,529	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)

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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)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
				of (D)						(Instr
				(Instr. 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address						
	Director 10% Owner		Officer	Other		
Armbrust Thomas C/O PARAMOUNT GROUP, INC. 1633 BROADWAY, SUITE 1801 NEW YORK, NY 10019	Х					
Signatures						
/s/ Gage Johnson as attorney-in-fact f Armbrust	as	05/21/2018				
<u>**</u> Signature of Reporting Perso		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).
- Represents Restricted Stock issued pursuant to the Issuer's 2014 Equity Incentive Plan. The Restricted Stock vests on the earlier of (i) one (1) year from the date of grant and (ii) the date of the first annual meeting of stockholders following the grant date, subject to continued services as a director through such date.

Remarks:

See Exhibit 24 - Power of Attorney

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.