Children's Hospital of Philadelphia Foundation Form 4 March 01 2019

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|--|---|--|---|--|-------------------|--------------|------------------|--|--|--|---|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB APPROVAL | | | | |
| | | | | | | | | | OMB Number: | 3235-0287 | | | |
| Check th if no lon | der. | | | | | | | | | Expires: | January 31, | | |
| subject t Section Form 4 o | o SIAIEN 16. or | | NT OF CHANGES IN BENEFICIAL OWN SECURITIES | | | | | | | Estimated a burden hour response | • | | |
| Form 5 obligation may con <i>See</i> Instr 1(b). | tinue. Section 17 | a) of the l | Public U | | ding | g Compa | iny A | ct of 1 | Act of 1934, 935 or Section | I | | | |
| (Print or Type | Responses) | | | | | | | | | | | | |
| Children's Hospital of Philadelphia Symbol | | | | Icourse | | | | | | ship of Reporting Person(s) to | | | |
| (Leat) | opark i | | | | | _ | (CL] | | (Check all applicable) | | | | |
| (Month/ | | | tte of Earliest Transaction hth/Day/Year) 17/2019 | | | | | Director _X_ 10% Owner Officer (give title Other (specify below) | | | | | |
| | | | Month/Day/Year) | | | | A | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | | |
| PHILADEI | LPHIA, PA 19104 | 1 | | | | | | - | X_Form filed by O Form filed by M Person | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Deri | vative Sec | urities | s Acqui | red, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/D | ned 1 Date, if | 3. Transactic Code (Instr. 8) Code V | 4. Sonor I (In | Securities . | Acquir of (D) | - | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 02/27/2019 | | | S | 2,0 | 000,000 | D | \$ 113 | 1,954,957 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Under Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | |
| Children's Hospital of Philadelphia Foundation 3401 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104 | | Х | | | | |
| Signatures | | | | | | |
| /s/ Jeffrey D. Kahn, Executive Vice President an Counsel | 02/28/2019 | | | | | |
| **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).

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.