

HUBBARD TODD R
Form 4
March 05, 2019

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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)

1. Name and Address of Reporting Person *
HUBBARD TODD R

(Last) (First) (Middle)
777 106TH AVE NE
(Street)

BELLEVUE, WA 98004

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
PACCAR INC [PCAR]

3. Date of Earliest Transaction (Month/Day/Year)
03/01/2019

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
X Officer (give title below) ___ Other (specify below)

VICE PRESIDENT

6. Individual or Joint/Group Filing(Check Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
COMMON STOCK	03/01/2019		F(1)		181	D	\$ 67.8
COMMON STOCK (SIP) (2)							2,810.07

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.

SEC 1474 (9-02)

Edgar Filing: HUBBARD TODD R - Form 4

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
STOCK OPTION (3)	\$ 50.5					01/01/2014 02/03/2021	COMMON STOCK	3,574
STOCK OPTION (3)	\$ 47.81					01/01/2016 02/06/2023	COMMON STOCK	5,000
STOCK OPTION (3)	\$ 59.15					01/01/2017 02/07/2024	COMMON STOCK	6,302
STOCK OPTION (3)	\$ 62.46					01/01/2018 02/04/2025	COMMON STOCK	5,326
STOCK OPTION (3)	\$ 50					01/01/2019 02/04/2026	COMMON STOCK	8,738
STOCK OPTION (3)	\$ 67.63					01/01/2020 02/07/2027	COMMON STOCK	6,200
STOCK OPTION (3)	\$ 68.69					01/01/2021 02/07/2028	COMMON STOCK	5,886
STOCK OPTION (3)	\$ 65.56					01/01/2022 02/06/2029	COMMON STOCK	9,936

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

HUBBARD TODD R
777 106TH AVE NE
BELLEVUE, WA 98004

VICE PRESIDENT

Signatures

Todd R. Hubbard by Irene E. Song
POA

03/04/2019

__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).
- (1) Shares withheld for payment of tax liability in connection with the vesting of restricted shares.
- (2) Shares held in PACCAR Savings Investment Plan (SIP).
- (3) Option to buy awarded under PACCAR Long Term Incentive Plan (LTIP).

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.