Edgar Filing: RED HAT INC - Form 4

DED HAT INC

RED HAT IN	NC								
Form 4									
January 26, 2	2015								
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287		
Check thi		8	3 ,				Expires:	January 31,	
if no long subject to	STATENIEN I I	OF CHANGES I	IGES IN BENEFICIAL OWNERSH			NERSHIP OF		2005	
Section 1 Form 4 or	6.	SECU	SECURITIES ion 16(a) of the Securities Exchange Act of 1934,				Estimated average burden hours per response 0.5		
Form 5		Section $16(a)$ of							
obligation	¹⁸ Section $17(a)$ of th				•		n		
may cont	inue.	a) of the Investme	•	-	•		1		
See Instru 1(b).	iction	i) of the investing	one compu	19 110	. 01 17 1	0			
1(0).									
(Print or Type R	Responses)								
1 Name and Δ	ddress of Reporting Person *	2. Issuer Name	ан Ј Т: -1	T		5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person * 2. Issuer FOX MARYE ANNE Symbol			and Ticker of	Tradi	ng	Issuer			
		RED HAT IN							
(Least)	(First) (Middle)					(Checl	k all applicable)	
(Last)	(First) (Middle)	3. Date of Earlies (Month/Day/Year				X Director	10%	Owner	
C/O RED HAT, INC., 100 EAST 01/23/20			•			Officer (give title Other (specify			
DAVIE STREET						below)	below)		
(Street) 4. If Amer Filed(Mon			ndment, Date Original			6. Individual or Joint/Group Filing(Check			
			(ear)			Applicable Line)			
						X Form filed by One Reporting Person Form filed by More than One Reporting			
RALEIGH,	NC 27601					Person		porting	
(City)	(State) (Zip)	Table I - No	n-Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. De	emed 3.	4. Secur	ities A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			Transaction(A) or Disposed of (D)SCode(Instr. 3, 4 and 5)			Securities	Form: Direct		
						Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
	(Instr.	(Instr. 8)			Following	(Instr. 4)	(Instr. 4)		
				(A)		Reported	. ,	. ,	
				or		Transaction(s)			
		Code	V Amount	(D)	Price	(Instr. 3 and 4)			
Common					\$				
Stock	01/23/2015	S	8,000	D	66.26	33,126	D		
					(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)	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)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Othe				
FOX MARYE ANNE C/O RED HAT, INC. 100 EAST DAVIE STREET RALEIGH, NC 27601	X							
Signatures								
/s/ Stephanie Trunk, Atty in Fac UPOA	xt	01/26/	2015					
**Signature of Reporting Person		Date	e					

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 the weighted average sale price per share. The shares were sold at prices ranging from \$66.17 \$66.38 per share. Full
 (1) information regarding the number of shares sold at each price shall be provided upon request to the Staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

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.