Edgar Filing: SPLUNK INC - Form 4

| SPLUNK IN | IC | | | | | | | | | |
|--|---|-----------------------------------|---------------------------------|-------------|--|--|---|--|-------------|--|
| Form 4 | | | | | | | | | | |
| April 29, 20 | 16 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | PROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | |
| Check th | | 0 / | | | | | | Expires: | January 31, | |
| if no longer subject to STATEMENT OF CHANGES IN BENEFIC | | | | CIA | L OWN | NERSHIP OF | | 2005 Verage | | |
| Section 1 | .6. | SECURITIES | | | | | | Estimated average burden hours per | | |
| Form 4 o Form 5 | | ~ | | ~ . | | | | response | 0.5 | |
| obligatio | n c 1 | | tion 16(a) of the | | | U | | | | |
| may cont | | | • | • | - · | | 1935 or Section | 1 | | |
| See Instr | uction | 30(n) 01 | the Investment | Compan | y Aci | . 01 194 | 0 | | | |
| 1(b). | | | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person * Schroeder Guido2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | SPLUNK INC [SPLK] | | | | | | | |
| | | | 3. Date of Earliest Transaction | | | | (Check all applicable) | | | |
| (Lust) | (1131) (1 | Month/Day/Year) | | | Director | 10% | Owner | | | |
| C/O SPLUN | NK INC., 250 | 04/29/2016 | | | X_Officer (give title Other (specify | | | | | |
| BRANNAN | STREET | | | | | | below) below) SVP, Products | | | |
| | (Streat) | 4 1 | | | | | | ŕ | -(01 1 | |
| | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| Filed(Month/Day/Year) | | | | | | _X_Form filed by One Reporting Person | | | | |
| SAN FRAN | CISCO, CA 941 |)7 | | | | | Form filed by M | lore than One Re | porting | |
| | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Table I - Non-D | erivative S | Securi | ties Acqu | uired, Disposed of | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any | 1 | | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct | 7. Nature of Indirect Beneficial | | |
| | | (Month/Day/ | Year) (Instr. 8) | | | | Owned | (D) or | Ownership | |
| | | | | | | | Following Reported | Indirect (I) (Instr. 4) | (Instr. 4) | |
| | | | | | (A) | | Transaction(s) | (111501. 4) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 04/29/2016 | | F | 11,481 | D | \$ 51.98 | 149,950 | D | | |
| STOCK | | | | | | 51.70 | | | | |

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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | 7. Title Amoun Underl Securi (Instr. | nt of lying | 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 | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Schroeder Guido C/O SPLUNK INC. 250 BRANNAN STREET SAN FRANCISCO, CA 94107 | | | SVP, Products | | | | |
| Signatures | | | | | | | |
| /s/ Steve Dean, by power of attorney | | 04/29/2016 | | | | | |
| <u>**</u> 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.