Edgar Filing: Inversora Carso, S.A. de C.V. - Form 4

| Inversora C Form 4 April 11, 20 | arso, S.A. de C.V | • | | | | | | | | | | |
|---|--|--|---------------------------------------|---|-----------|---|---------------|---|--|---|--|--|
| • | | | | | | | | | OMB AP | PROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | MMISSION | OMB Number: | 3235-0287 | | | |
| Check the check | ngar | | Expires: | January 31, 2005 | | | | | | | | |
| subject Section Form 4 Form 5 | to 16. or Filed pu | | | SECU | CRSHIP OF | Estimated ar burden hour response | verage | | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 <u>*</u> Inversora Carso, S.A. de C.V. | | | 21 issuer raine una riener er rrading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | |
| (M | | | (Month/ | Month/Day/Year) 14/09/2018 | | | | DirectorX 10% Owner Officer (give titleX Other (specify below) Add'l Rep. Persons-see Ex.99-1 | | | | |
| | | | | ed(Month/Day/Year) Ap | | | | Individual or Joint/Group Filing(Check pplicable Line) K_ Form filed by One Reporting Person _ Form filed by More than One Reporting | | | | |
| CIUDAD I | DE MEXICO,, OS | 5 11000 | | | | | Pe | _ Form filed by Mc | ore than One Rep | oorting | | |
| (City) | (State) | tate) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 3. 4. Securities Acquired (A) or TransactiorDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | 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 Indirect Beneficial Ownership (Instr. 4) | | |
| Class A Common Shares (as | | | | Code V | Amount | (D) | Price | (instr. 5 and 4) | | | | |
| defined in Exhibit 99.1 hereto) | 04/09/2018 | | | S | 150,000 | D | \$ 23.4924 | 17,097,175 | D | | | |
| Class A Common Shares (as defined in | 04/10/2018 | | | S | 350,000 | D | \$ 23.1327 | 16,747,175 | D | | | |

Exhibit 99.1 hereto)

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)

| 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int 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 | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|--------------------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Inversora Carso, S.A. de C.V. PASEO DE LAS PALMAS 781, PISO 3 LOMAS DE CHAPULTEPEC CIUDAD DE MEXICO,, O5 11000 | | Х | | Add'l Rep. Persons-see Ex.99-1 | | | |
| Signatures | | | | | | | |
| /s/ Javier Foncerrada, Attorney-in-Fact* | 04/11/ | 2018 | | | | | |
| **Signature of Reporting Person | Date | e | | | | | |
| Explanation of Pachana | 001 | | | | | | |

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).

Remarks:

See attached Exhibit 99-1 to Form 4, which is hereby incorporated herein by reference.

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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.