## Edgar Filing: ModusLink Global Solutions Inc - Form 4

ModusLink Global Solutions Inc Form 4 January 06, 2016

January 06, 2	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL				
							OMB Number:	3235-0287				
if no long	Check this box if no longer							Expires:	January 31, 2005			
subject to Section 10 Form 4 or	F CHANGES IN BENEFICIAL OW SECURITIES					NERSHIP OF	Estimated a burden hou response	average				
Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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 R	Responses)											
1. Name and Address of Reporting Person _2. IfLengyel Philip E.Symbol				Name and				5. Relationship of Reporting Person(s) to Issuer				
Modu [MLN				ink Globa ]	al Solutio	ns In	с	(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D				Earliest Transaction ay/Year)				X_ Director 10% Owner Officer (give titleOther (specify				
	SLINK GLOBA S INC., 1601 TH TE 170		01/04/20	)16				below)	below)			
	(Street) 4. If Amer Filed(Mon				-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WALTHAM	I, MA 02451								lore than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution		on Date, if	3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	01/04/2016			А	40,816 (1)	А	\$0	75,613	D			
Reminder: Repo	ort on a separate line	e for each cl	ass of secu	rities benefi	cially owne	d dire	ctly or i	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Relationships											

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**Reporting Owner Name / Address** 10% Director Officer Other Owner Lengyel Philip E. C/O MODUSLINK GLOBAL SOLUTIONS INC. Х 1601 TRAPELO ROAD, SUITE 170 WALTHAM, MA 02451 Signatures /s/ Nathaniel Gaede (Pursuant to Power of 01/04/2016 Attorney) \*\*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).

Shares acquired are shares of restricted stock automatically awarded on January 4, 2016 pursuant to the ModusLink Global Solutions, Inc. Third Amended and Restated Director Compensation Plan, as amended. Except as otherwise provided in the plan, the shares of restricted

(1) This America and Restated Director Compensation Fian, as anended. Except as otherwise provided in the plan, the shares of restricted stock vest on the first anniversary of the date of grant, provided that the reporting person remains a director of ModusLink Global Solutions, Inc. on such vesting date.

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.