Edgar Filing: ZIX CORP - Form 4

| ZIX CORP Form 4 | 61 <i>7</i> | | | | | | | | |
|--|--|---|--|--------------------------------|---------------------|--|--|----------|--|
| August 18, 2 | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | timated average rden hours per | | |
| 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 I | Responses) | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuerHausmann Robert CSymbolZIX CO | | | and Ticker or ' | Fradin | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 2711 N. HASKELL 08/16/20 AVENUE, SUITE 2200 | | | Earliest Transaction ay/Year) _X_ Director | | | | 10% Owner | | |
| | | | ndment, Date Original nth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DALLAS, 7 | ГХ 75204 | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) (Zip) | Table I - No | on-Derivative S | Securit | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. E (Month/Day/Year) Exect any (Mon | ttion Date, if Trans Code th/Day/Year) (Instr | | sposed 4 and 5 (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 08/16/2016 | Code M | V Amount 40,000 | (D) A | Price \$ 1.21 | 49,581 | D | | |

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. Number of onDerivative 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) | |
|---|---|---|---|--|--|--------|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Common Stock Option | \$ 1.21 | 08/16/2016 | | М | | 40,000 | <u>(1)</u> | 01/02/2017 | Common Stock | 40,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| i o | Director | 10% Owner | Officer | Other | | | |
| Hausmann Robert C 2711 N. HASKELL AVENUE SUITE 2200 DALLAS, TX 75204 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Justin K. Ferguson, Attorney-in-Fact | 08/18/2016 | | | | | | |
| <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).
- (1) Grant of 40,000 options on January 3, 2007 vested pro-rata and quarterly over 3 years from grant date. These options expire January 2, 2017.

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.