Edgar Filing: Cannon James J - Form 4

| Cannon Jan | nes J | | | | | | | | | | |
|--|---------------------------------|---|------------|---|------------|-----------|---|--|---------------------------|---------------------|--|
| Form 4 June 27, 202 | 18 | | | | | | | | | | |
| | _ | | | | | | | | OMB AF | PROVAL | |
| FORM | UNITE | D STATES | | RITIES A shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer | | | | | | | | | Expires: | January 31, 2005 | |
| subject to STATEMENT OF CH. Section 16. | | | | IANGES IN BENEFICIAL OWNE SECURITIES | | | | NEKSHIP OF | Estimated a burden hou | verage | |
| | Form 4 or | | | | | | | | response | 0.5 | |
| Form 5 obligation | - | | | | | | - | e Act of 1934, | | | |
| may con | tinue. Section 1 | | | • | • | · · | | 1935 or Section | n | | |
| <i>See</i> Insta 1(b). | ruction | 50(II) | of the m | vestment | Compan | y Ac | t 01 194 | łŪ | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1 Nama and | Addama af Damant | | | | | | | 5 Deletienshin of | D | | |
| Cannon James J Symbol | | | | er Name and Ticker or Trading | | | | 5. Relationship of Issuer | Reporting Pers | 011(S) 10 | |
| | | | | FLIR SYSTEMS INC [FLIR] | | | | (Chao) | lt all annliaghla | ` | |
| (Last) | (First) | (Middle) | 3. Date of | f Earliest Tr | ansaction | | | (Chec | k all applicable |) | |
| | | | | nth/Day/Year) | | | Director 10% Owner Officer (give title Other (specify below) below) President and CEO | | | | |
| | | | 06/26/2 | 06/26/2018 | | | | | | | |
| | (Street) | | 4. If Ame | ndment, Da | te Origina | 1 | | 6. Individual or Jo | oint/Group Filin | g(Check | |
| | | | Filed(Mor | d(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| WILSONV | TILLE, OR 970 | 70 | | | | | | | Iore than One Re | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | f 2. Transaction Date 2A. Deeme | | | 3. | 4. Securi | | | 5. Amount of | 6. Ownership 7. | | |
| Security (Instr. 3) | (Month/Day/Ye | on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | | | Form: Direct Indirect (D) or Benefit | Indirect Beneficial | | |
| (instr. 5) | | any (Month/Day/Y | | | • • • | | | | Indirect (I) Owners | Ownership | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) or | | Transaction(s) | | | |
| ~ | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/26/2018 | | | F | 2,018 | D | \$ 52.21 | 142,577 | 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. Transactio Code (Instr. 8) | 5. ofNumber 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 Owna 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 | | | | |
| Cannon James J 27700 SW PARKWAY AVE WILSONVILLE, OR 97070 | | | President and CEO | | | | | |
| Signatures | | | | | | | | |
| Brian E. Harding, Attorney in f Cannon | fact for Ja | mes J. | 06/27/2018 | | | | | |
| **Signature of Reporting | g Person | | Date | | | | | |
| Explanation of Po | enon | 606' | | | | | | |

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.