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PACCAR ING Form 4	С											
August 04, 20	015											
FORM	4		CECUD							PROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							DMMI55ION	OMB Number:	3235-0287		
if no longe	.r				Expires:	January 31, 2005						
subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERS							EKSHIP OF	Estimated av burden hour response			
Form 5 obligations may contir <i>See</i> Instruc 1(b).	s Section	17(a) of the		lity Hold	ing Com	pany	Act of 1	Act of 1934, 1935 or Section				
(Print or Type Re	esponses)											
Moore Gary Lee Symbol				Name and		Гradin	-8	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction								
777 106TH AVENUE NE				(Month/Day/Year) 07/31/2015					Director 10% Owner _X Officer (give title Other (specify below) Senior Vice President			
(Street) 4. If Amend Filed(Month					-		A	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BELLEVUE	, WA 98004						Ē	Form filed by Mo Person	ore than One Rep	porting		
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Acqui	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)			ion Date, if	3. Transactio Code (Instr. 8)		sed of		 A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)			
COMMON STOCK	07/31/2015			M	7,357	(D) A	\$ 32.2267	14,785	D			
COMMON STOCK	07/31/2015			S	7,357	D	\$ 64.7614	4 7,428	D			
COMMON STOCK (SIP) (1)								43,663.618	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 formSEC 1474
(9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	Secu Secu Acqu (A) c Disp (D)	rities uired or osed of r. 3, 4,	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
STOCK OPTION (2)	\$ 32.2267	07/31/2015		М		7,357	01/01/2009	01/26/2016	COMMON STOCK	7,357
STOCK OPTION (2)	\$ 44.56						01/01/2010	01/31/2017	COMMON STOCK	6,546
STOCK OPTION (2)	\$ 45.74						01/01/2011	01/30/2018	COMMON STOCK	5,748
STOCK OPTION (2)	\$ 30.81						01/01/2012	02/06/2019	COMMON STOCK	8,624
STOCK OPTION (2)	\$ 36.12						01/01/2013	02/02/2020	COMMON STOCK	8,370
STOCK OPTION (2)	\$ 50.5						01/01/2014	02/03/2021	COMMON STOCK	5,736
STOCK OPTION (2)	\$ 43.24						01/01/2015	02/02/2022	COMMON STOCK	13,220
STOCK OPTION (2)	\$ 47.81						01/01/2016	02/06/2023	COMMON STOCK	10,164
STOCK OPTION (2)	\$ 59.15						01/01/2017	02/07/2024	COMMON STOCK	9,360
STOCK OPTION	\$ 62.46						01/01/2018	02/04/2025	COMMON STOCK	11,362

(2)

Reporting Owners

Reporting Owner Name / Address

Relationships

Officer

Director 10% Owner

Other

Moore Gary Lee 777 106TH AVENUE NE BELLEVUE, WA 98004

Senior Vice President

Signatures

Gary L. Moore 08/03/2015 <u>**</u>Signature of Date Reporting Person

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) Shares held in PACCAR Savings Investment Plan (SIP).
- (2) Option to buy awarded under PACCAR Long Term Incentive Plan (LTIP).

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.