AMREP CORP. Form 4

June 22, 2016

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer

subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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)

PRINCETON, NJ 08540

1(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person \* Vitale Christopher V

2. Issuer Name and Ticker or Trading Symbol

AMREP CORP. [AXR]

3. Date of Earliest Transaction (Month/Day/Year) 06/21/2016

(Middle)

(Zip)

(Month/Day/Year) Execution Date, if

2. Transaction Date 2A. Deemed

C/O AMREP CORPORATION, 300 **ALEXANDER PARK, SUITE 204** 

(State)

(First)

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

3.

Code

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

Issuer

below)

Director

Applicable Line)

X\_ Officer (give title

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities TransactionAcquired (A) or

Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

Form: Direct (D) or Indirect (I) (Instr. 4)

6. Ownership 7. Nature of Indirect Beneficial Ownership (Instr. 4)

(9-02)

10% Owner

Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

See Remarks

6. Individual or Joint/Group Filing(Check

below)

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

or (D) Price

Common Stock (1)

06/21/2016

A

Code V Amount

7,500

A

(A)

\$0 25,500 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 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)

### Edgar Filing: AMREP CORP. - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate Amou		int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Exercisable Date	Expiration Date	Title	or		
									Number		
				G 1 W	(A) (B)				of		
				Code V	(A) $(D)$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Vitale Christopher V C/O AMREP CORPORATION 300 ALEXANDER PARK, SUITE 204 PRINCETON, NJ 08540

See Remarks

## **Signatures**

/s/ Christopher V. Vitale 06/22/2016

\*\*Signature of Reporting 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 restricted stock under the AMREP Corporation 2006 Equity Compensation Plan. The restricted stock will vest in equal installments on June 21, 2017, June 21, 2018 and June 21, 2019, subject to the continued employment of the officer on each vesting date.

#### **Remarks:**

#### Executive Vice President, Chief Administrative Officer and General Counsel

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.

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