SWOBODA CHARLES M Form 3 March 06, 2019 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF 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

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Ac Person <u>*</u> SWOBOI	-	-	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol ANIXTER INTERNATIONAL INC [AXE]				
(Last)	(First)	(Middle)	03/01/2019	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
917 CRABT PARKWAY	REE CRO	SSING		(Check all applicable)			,	
(Street)				X_Director10% Owner OfficerOther (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		
MORRISVILLE, NC 27560							Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Securities3.4. NaBeneficially OwnedOwnershipOwner(Instr. 4)Form:(InstrDirect (D)or Indirect(I)(Instr. 5)(Instr. 5)			*		
Reminder: Report on a separate line for each cla owned directly or indirectly.				- 5		SEC 1473 (7-02)		
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 Beneficially Owned (<i>e.g.</i> , puts, calls, warrants, options, convertible securities)								
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1. Title of Derivative Security (Instr. 4)	2. Date Exerce Expiration D (Month/Day/Year)	ate	3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date		Amount or	Price of Derivative	Derivative Security: Direct (D) or Indirect (I)	
				Number of	Security		

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
r of the test of the	Director	10% Owner	Officer	Other			
SWOBODA CHARLES M 917 CRABTREE CROSSING PARKWAY MORRISVILLE, NC 27560	ÂX	Â	Â	Â			
Signatures							
Michele Nelson, by power of 0. attorney	3/06/2019						
**Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

No securities are beneficially owned.

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.