## Edgar Filing: Karp Caroline - Form 4

Karp Carolir Form 4	ne										
March 07, 20	018										
FORM	14								OMB AF	PROVAL	
UNITED STATES S				SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287	
Check th if no long									Expires:	January 31 2005	
subject to Section 1 Form 4 o		SECUR	ITIES	NERSHIP OF	Estimated average burden hours per response						
Form 5 obligatio may cont <i>See</i> Instru 1(b).	tinue. Section 1	7(a) of the	Public U		ling Con	npany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Karp Caroline			2. Issuer Name <b>and</b> Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer			
			BAXTER INTERNATIONAL INC [BAX]					(Check all applicable)			
(Last) (First) (Middle) ONE BAXTER PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018					Director 10% Owner X Officer (give title Other (specify below) below) SVP, Controller			
			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li>_Form filed by More than One Reporting</li> </ul>			
DEERFIEL	D, IL 60015							Person	lore than One Re	porung	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	d 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, \$1 par value	03/05/2018			F	176 <u>(1)</u>		\$ 66.85	12,734	D		
Common Stock, \$1 par value	03/05/2018			F	177 <u>(2)</u>	D	\$ 66.85	12,557	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.

## Edgar Filing: Karp Caroline - Form 4

 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)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	1	Relationships							
1	Director	10% Owner	Officer	Other					
Karp Caroline ONE BAXTER PARKWAY DEERFIELD, IL 60015			SVP, Controller						
Signatures									
/s/ Caroline 0 Karp	3/07/2018								

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents the number of shares forfeited by the reporting person to cover the payment of taxes incurred as a result of partial vesting of restricted stock granted on March 3, 2015.
- (2) Represents the number of shares forfeited by the reporting person to cover the payment of taxes incurred as a result of partial vesting of restricted stock granted on March 3, 2016.

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.

\*\*Signature of

Reporting Person