Edgar Filing: STANTON THOMAS R - Form 4/A

STANTON 7	ГНОМАS R											
Form 4/A												
February 25,	2019											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB A	OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long									January 31,			
subject to	STAT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						NERSHIP OF	Estimated average			
Section 1		SECURITIES						burden hours per				
Form 4 or Form 5			a 1.			a	-			response	0.5	
obligation		^						•	e Act of 1934,			
may conti	Nection			•		•			f 1935 or Section	n		
See Instru	iction	50(II)) of the Inv	vestmen	u C	Joinpany	Act	01 194	+0			
1(b).												
(Print or Type R	Responses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to						
STANTON THOMAS R Symbol				L					Issuer			
			ADTRA	N INC	[A	DTN]			(Chec	k all applicable	<i>.</i> (<i>c</i>	
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Frai	nsaction			(Chee	k all applicable	-)	
			(Month/D	ay/Year)					_X_ Director		Owner	
	AN, 901 EXP	LORER	11/09/20)18					X Officer (give below)	title Other below)	er (specify	
BLVD.										CEO		
	(Street)		4. If Amer	ndment, D	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check	
Filed(Mo			Filed(Mon	ed(Month/Day/Year)					Applicable Line)			
			11/21/20)18					_X_ Form filed by C Form filed by M			
HUNTSVIL	LE, AL 3580	6							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.					5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	n Date, if Transaction(A) or Disposed of					of					
(Instr. 3)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					5)	Beneficially Owned		Beneficial Ownership	
		(iviolitii)	Duy/ I cui)	(Instr. o	,	(1130. 5,	i una c	,	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
C				Code	V	Amount	(D)	Price	(msu: 5 and +)			
Common Stock	11/09/2018			А		42,647	А	\$0	178,411 (1)	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)

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. 5. TransactionNumber Code of (Instr. 8) Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address Relationships	Relationships						
Director 10% Owner Offic	cer Other						
STANTON THOMAS R C/O ADTRAN 901 EXPLORER BLVD. HUNTSVILLE, AL 35806	0						
Signatures							
Roger Shannon, by Power ofAttorney02/25/2019							
<u>**</u> Signature of Reporting Person 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) The reporting person is filing this amendment to correct the number of shares of the Company's common stock beneficially owned after reported transaction. The previous reported total was 157,366 shares of the Company's common stock.

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.