## Edgar Filing: EPAM Systems, Inc. - Form 4

EPAM Syste	ems, Inc.										
Form 4											
April 04, 20	17										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	OMB APPROVAL		
							OMB	3235-0287			
Check th	nis box		Was	shington,	D.C. 20	549			Number:	January 31,	
if no longer					DENIEFI		LOW	NEDSHID OF	Expires:	2005	
subject t	0		T CHAN	GES IN BENEFICIAL OWNERSHIP C SECURITIES					Estimated average		
Section Form 4 c				BECCK	11125				burden hours per response 0.5		
Form 5	Filed 1	pursuant to	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	16300136	0.0	
obligatio	ons Section 1	•					-	1935 or Section	n		
may con See Instr		30(h)	) of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
	<b>D</b>										
(Print or Type)	Responses)										
1 Name and A	Address of Reporti	ing Person *	2 Isour	Nome and	Tielen on	Tradi		5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *       2. Iss         Mosier Ginger       Symbol				suer Name <b>and</b> Ticker or Trading				Issuer			
	C		-	Systems, 1	Inc. IEP	AMI					
(Last)	(First)	(Middle)		•	-	]		(Chec	k all applicable	)	
			e of Earliest Transaction				Director 10% Owner				
41 UNIVE	RSITY DRIVE	SUITE		Month/Day/Year) )3/31/2017				X Officer (give title Other (specify			
202								below) SVP Gener	below)	rn Sec	
			4 10 4	1 ( D				SVP, General Counsel, Corp Sec			
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
Thed				illi/Day/Tear)	)			_X_Form filed by One Reporting Person			
NEWTOW	N, PA 18940							Form filed by M Person	Iore than One Re	porting	
$(\mathbf{C};\mathbf{t}_{r})$		(7:									
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. I		1				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ar) Execution any	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct Ine (D) or Be	Indirect Beneficial	
(1130.3)			Day/Year) (Instr. 8)				5)	Owned Indirect (I)		Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or	Drice	(Instr. 3 and 4)			
EPAM				Code V	Amount	(D)	Price				
Common	03/31/2017			F	234 (1)	D	\$	10,458	D		
Stock							75.52	.,			

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)	4. Transact Code (Instr. 8)	5. 6. Date Exe ionNumber Expiration 1 of (Month/Day Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)
			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						
	Direc	tor	10% Owner	Officer	Other			
Mosier Ginger 41 UNIVERSITY DRIVE SUITE 202 NEWTOWN, PA 18940				SVP, General Counsel, Corp Sec				
Signatures								
/s/ Ginger 04 Mosier 04	/04/2017							

<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) These shares were withheld by the Issuer to satisfy the tax withholding requirement arising from the vesting of restricted stock units granted to the reporting person under the Issuer's Long Term Incentive Plan.

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.

9. Nt

Deriv

Secu

Bene Own Follo Repo Trans (Instr