## Edgar Filing: MANSFIELD ROBERT L - Form 4

MANSFIEI	LD ROBERT L										
Form 4											
November 2	29, 2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
<b>CURIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287	
Check t			,,,,	511115-01	i, D.C.					January 31,	
if no lor		MENT OF	CHAI	NGES IN	<b>BENE</b>	FICL	AL OWNE	ERSHIP OF	Expires:	2005	
	subject to Section 16. SECURITIES								Estimated average burden hours per		
Form 4									response 0.!		
Form 5	Filed pu	rsuant to S	ection	16(a) of t	he Secu	rities I	Exchange A	Act of 1934,			
obligati may cor				•	•	-	•	935 or Section			
See Inst		30(h) o	of the I	nvestmer	nt Comp	any A	ct of 1940				
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person *       2. Issu         MANSFIELD ROBERT L       Symbol				Ing				Relationship of Reporting Person(s) to suer			
			-	E INC [A	APL1						
(Last)	(First) (			_	_			(Check	all applicable)	l.	
1 INFINITE LOOP 11/28/2				of Earliest Transaction				Director	10%	Owner	
			3/2012 -				XOfficer (give titleOther (specify				
							be	elow) Senior	below) Vice President		
								6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
			1 1100(111	51111, 25 u j , 2 e	)		_2	X_Form filed by Or			
CUPERTI	NO, CA 95014							Form filed by Mc erson	re than One Rep	oorting	
(City)	(State)	(Zip)	Tat	ole I - Non-	-Derivati	ve Secu	rities Acquii	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I	d	3. Transactio	4. Secur	ties Ac	quired (A) or	5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially	Form:	Beneficial	
								Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
								Reported	(I)	(IIISU. 4)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amoun		Price	(Instr. 3 and 4)			
Common							\$				
Stock	11/28/2012			S	35,000	D	582.2145	29,548	D		
							(1)				

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
reporting o where reality read too	Director	10% Owner	Officer	Other				
MANSFIELD ROBERT L 1 INFINITE LOOP CUPERTINO, CA 95014			Senior Vice President					
Signatures								
/s/ Gene Levoff, Attorney-in-fa Mansfield	11/29/2012							
<u>**</u> Signature of Reportin	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).

This transaction was executed in multiple trades at prices ranging from \$582.00 to \$582.88; the price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which the transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.

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.