Edgar Filing: MANITOWOC CO INC - Form 4

| | VOC CO INC | | | | | | | | | | | |
|--|---------------|-------|---|--|---------------------------|-----------------------|--|--|---|---------------------|--|--|
| Form 4 December 2 | 29, 2014 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | MMISSION | OMB APPI OMB Number: | PROVAL 3235-0287 | | |
| Check this box if no longer subject to Section 16. SECURITIES SECURITIES SECURITIES | | | | | | | Expires: J Estimated ave burden hours response | | | | | |
| (Print or Type | e Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> NOSBUSCH KEITH D | | | 2. Issuer Name and Ticker or Trading Symbol MANITOWOC CO INC [MTW] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | |
| 2400 S. 44TH STREET | | | (Month/Day/Year) 12/26/2014 | | | | | Director 10% Owner Officer (give title Other (specify below) | | | | |
| | | | | led(Month/Day/Year) Aj | | | | 5. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person | | | | |
| MANITO | WOC, WI 54220 | | | | | | _ | Form filed by Mo erson | | | | |
| (City) | (State) | (Zip) | Tal | ble I - Non | -Derivative S | ecurit | | red, Disposed of, | or Beneficially (| Owned | | |
| 1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. | 4. Securities onDisposed of (Instr. 3, 4 and | Acqui (D) nd 5) | - | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | 12/26/2014 | | | Code V A | Amount 148.0721 (1) | (A) or (D) A | Price \$ 20.1445 | Transaction(s) (Instr. 3 and 4) 136,906.490 | | | | |
| | | | | | | | | | | | | |

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)

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| 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) | of (Mor | | | ate | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---------|-----|---------------------|--------------------|-----------|--|---|---|
| | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------|---------------|------------|---------|-------|--|--|--|--|
| I O | Director | 10% Owner | Officer | Other | | | | |
| NOSBUSCH KEITH D | | | | | | | | |
| 2400 S. 44TH STREET | | | | | | | | |
| MANITOWOC, WI 54220 | | | | | | | | |
| Signatures | | | | | | | | |
| Maurice Jones, by Power of | | | | | | | | |
| Attorney | | 12/29/2014 | ł | | | | | |

<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) Common Stock Units acquired in transactions exempt under Rule 16b-3(d) under the Company's Deferred Compensation Plan. This Plan provides for tax withholding rights.

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.