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VCA INC Form 4 September 2 FORN Check th if no long subject to Section 1 Form 4 co Form 5 obligation may cont <i>See</i> Instr 1(b).	14 UNITED is box ger 5 6. or T Section 17(IENT O suant to a	Was F CHAN Section 1	shingt GES SEC 6(a) of tility F	on, IN 1 UR f the Hold	D.C. 20 BENEFI ITIES e Securit ling Con	549 ICIA ies E ipany	L OWI xchange / Act of	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	irs per		
(Print or Type l	Responses)												
FULLER TOMAS W Sy			2. Issuer Symbol VCA IN			Ticker or	Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle) 3. Date of			f Earliest Transaction					(Check all applicable)				
C/O VCA INC., 12401 WEST 09/24/2 OLYMPIC BOULEVARD				Day/Year) 2016					Director 10% Owner X Officer (give title Other (specify below) CFO, VP & Secretary				
				ndment, Date Original hth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
LOS ANGE	ELES, CA 90064								Person		porting		
(City)	(State)	(Zip)	Tabl	le I - No	on-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			actio 8)	4. Securi m(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				Code	V	Amount		Price	(Instr. 3 and 4)				
Common Stock, par value \$0.001 per share	09/24/2016			F		4,480 (<u>1</u>)	D	\$ 68.49	39,016	D			
Common Stock, par value \$0.001 per share	09/24/2016			G	V	3,627 (2)	D	\$ O	35,389	D			
Common Stock, par	09/24/2016			G	V	3,627	A	\$0	229,362	Ι	See footnote		

value \$0.001 per share

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, 4, and 5)		ate	Unde Secur	unt 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 / Addre	\$\$	Relationships						
	Director	10% Owner	Officer	Other				
FULLER TOMAS W C/O VCA INC. 12401 WEST OLYMPIC BOULE LOS ANGELES, CA 90064	VARD		CFO, VP & Secretary					
Signatures								
/s/ Tomas W. 09/26 Fuller	/2016							

<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) Reflects the number of shares of common stock withheld by the Issuer to pay the tax liability of the Reporting Person in connection with the settlement of vested restricted stock units previously granted to the Reporting Person.

(3)

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- (2) Represents the transfer of shares to a trust (the "Trust") of which the Reporting Person is trustee.
- (3) These shares are held for the account of the Trust. The Reporting Person continues to report beneficial ownership of the shares held for the account of the Trust but disclaims beneficial ownership except to the extent of his pecuniary interest therein.

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.