Upchurch Michael W Form 4 March 01, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005 Estimated average

0.5

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Check this box

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

Common

Stock

02/28/2019

(Print or Type Responses)

1. Name and A Upchurch N	ng Person *	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			KANSAS CITY SOUTHERN [KSU]			(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction					
			(Month/D	Day/Year)		Director	10%			
KANSAS CITY SOUTHERN, PO			02/28/2019			_X_ Officer (give		r (specify		
BOX 21933					below) below) EVP & Chief Financial Officer					
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(Month/Day/Year)			Applicable Line)					
					X Form filed by One Reporting Person					
KANSAS CITY, MO 64121-9335						Form filed by More than One Reporting				
1111110110	21 7000				Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of	2. Transaction D	ate 2A. Deer	med	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea	r) Executio	n Date, if	Transaction	on(A) or Disposed of (D)	Securities	Ownership	Indirect		
(Instr. 3)	•	any	,	Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial		

(Instr. 8)

F

Code V Amount

264

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Owned

Following

Reported

19,488

Transaction(s) (Instr. 3 and 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(A)

(D)

D

Price

108.64

Ownership

(Instr. 4)

(D) or

Indirect (I)

(Instr. 4)

D

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 97.77					<u>(1)</u>	02/20/2023	Common Stock	3,666
Employee Stock Option (Right to Buy)	\$ 94.23					<u>(1)</u>	02/19/2024	Common Stock	3,876
Employee Stock Option (Right to Buy)	\$ 119.35					<u>(1)</u>	02/17/2025	Common Stock	3,726
Employee Stock Option (Right to Buy)	\$ 82.71					<u>(1)</u>	02/18/2026	Common Stock	6,973
Employee Stock Option (Right to Buy)	\$ 86.89					<u>(1)</u>	02/16/2027	Common Stock	6,552
Employee Stock Option (Right to Buy)	\$ 105.83					<u>(1)</u>	03/05/2028	Common Stock	6,662

8. Pri Deriv Secur (Instr

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Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Upchurch Michael W KANSAS CITY SOUTHERN PO BOX 219335 KANSAS CITY, MO 64121-9335

EVP & Chief Financial Officer

Signatures

Julie D. Powell, Attorney-in-fact 03/01/2019

**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 options become exercisable in three equal installments beginning on the first anniversary of the date of grant.

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.

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