Edgar Filing: ACETO CORP - Form 4

ACETO CODD

| Form 4 | - | | | | | | | | | | |
|--|------------------------------------|--|---|--|-------------|--------|---|---|---|--|--|
| June 09, 2016 | 4 _{UNITED} | STATES | S SECURI | TIES AN | D EXC | HAN | GE C | OMMISSION | OMB AF | PROVAL | |
| Check this b | | | Wash | ington, D | D.C. 2054 | 49 | | | Number: | 3235-0287 January 31, | |
| if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b). | Filed pur ie. Section 17(| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 | | | | | | | | Expires: 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type Res | ponses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol ACETO CORP [ACET] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (M | | | 3. Date of Earliest Transaction(Month/Day/Year)06/07/2016 | | | | | (Check all applicable) Director 10% Owner XOfficer (give title 0ther (specify below) Sr. Vice President | | | |
| (Street) 4. If Ameno Filed(Month | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| PORT WASH | INGTON, NY | 11050 | | | | | | Form filed by M Person | ore than One Rep | porting | |
| (City) | (State) | (Zip) | Table 1 | l - Non-Dei | rivative Se | curiti | es Acqu | iired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execu any | eemed tion Date, if h/Day/Year) | 3. Transactio Code (Instr. 8) Code V | | ispose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| COMMON STOCK | 06/07/2016 | | | S | 2,000 | D | \$ 22.5 | 19,249 | D | | |

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) | 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) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Person

| Reporting Owner Name / A | ldress | Relationships | | | | | | | |
|---|------------|---------------|--------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Kippley Terry 4 TRI HARBOR COURT PORT WASHINGTON, N | Y 11050 | | Sr. Vice President | | | | | | |
| Signatures | | | | | | | | | |
| Terry Kippley | 06/07/2016 | | | | | | | | |
| **Signature of | 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).

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.