## Edgar Filing: Marcus & Millichap, Inc. - Form 4

Marcus & Mi	llichap, Inc.												
Form 4	~												
May 05, 2016	)												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL				
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287					
	Check this box						Expires:	January 31,					
				GES IN	B	ENEFI	CIA	LOW	NERSHIP OF	•	2005		
				SECURITIES						Estimated a burden hou	irs per		
Form 4 or Form 5		raisont to	Section 16	$S(a) \circ \mathbf{f} \mathbf{f}$	ha (	Sooumiti		rohond	$x_2$ A at of 1024	response	response 0.5		
obligation	~ <b>^</b>							-	ge Act of 1934, f 1935 or Sectio	ND			
may conti	nue.		) of the Inv	•		•	- ·			/11			
See Instru- 1(b).	ction	50(11)	) of the m	vestmen	n C	ompan	y 1100	. 01 17	10				
1(0).													
(Print or Type R	esponses)												
					-	of Reporting Person(s) to							
Watters Don	Symbol	Symbol						Issuer					
	Marcus	Marcus & Millichap, Inc. [MMI]					(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					× ×	11 /				
			(Month/D	-					X_ Director		6 Owner		
C/O MARCUS & MILLICHAP,			05/03/2016						Officer (give title Other (specify below)				
	PARK SORRE	INTO,											
SUITE 400													
				. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				th/Day/Ye	ar)				Applicable Line) _X_ Form filed by One Reporting Person				
CALABASA	AS, CA 91302									More than One Re			
CALADASA	AS, CA 91502								Person				
(City)	(State)	(Zip)	Table	e I - Non-	Der	vivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Da							5. Amount of	6. Ownership				
Security	(Month/Day/Year		on Date, if TransactionAcquired (A) or Code Disposed of (D) (Day/Year) (Instr. 8) (Instr. 3, 4 and 5)							Form: Direct	Indirect		
(Instr. 3)		any (Month							Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
						- /	Following	(Instr. 4)	(Instr. 4)				
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
C				Code		Amount	(D)	Price					
Common Stock	05/03/2016			А		2,457	А	\$0	12,956	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)

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. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Watters Don C. C/O MARCUS & MILLICHAP, INC. Х 23975 PARK SORRENTO, SUITE 400 CALABASAS, CA 91302 Signatures /s/ Don C. 05/04/2016 Watters \*\*Signature of Date Reporting Person

## **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) The shares shall vest 33-1/3rd per year on the first, second and third 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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