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FARMER B	ROTHERS CO												
Form 4													
May 15, 201													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL					
	- UNITED	SIAIES			D.C. 205		GE U	UNINII55IUN	OMB Number:	3235-0287			
Check th	is box		vv a.	sinington,	D.C. 203	- /				January 31,			
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OWN				ERSHIP OF	Expires:	2005			
subject to STATEMENT OF CHAIN Section 16.				SECURITIES					Estimated average burden hours per				
Form 4 or									response				
Form 5 obligatio							•	Act of 1934,					
may con				•	· ·			1935 or Section	1				
See Instr	ruction	30(n) (of the In	vestment	Company	Act	51 1940	J					
1(b).													
(Print or Type]	Responses)												
	Address of Reporting	_		r Name and	Ticker or T	rading		5. Relationship of Issuer	lationship of Reporting Person(s) to				
Waite Carol Farmer Symbol								issuei					
FARME				ER BROTHERS CO [FARM]				(Check all applicable)					
(Last)	(First) (of Earliest Transaction									
(Month/E 660 NEWPORT CENTER DRIVE, 05/11/2				th/Day/Year) 1/2017				DirectorX 10% Owner Officer (give title Other (specify					
SUITE 160		, in the second se	03/11/2	017				below)	below)				
(Street) 4. If Ame			/onth/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						
NEWPORT	T BEACH, CA 92	660						Person	ore than One Re	porting			
(City)	(State)	(Zip)	Tabl	a I Non F)onivotivo S	aanniti		iired, Disposed of,	or Ponoficial	ly Owned			
1.77.1		-					-			-			
1.Title of Security	2. Transaction Date (Month/Day/Year)		*					5. Amount of Securities	6. Ownership	7. Nature of Indirect			
(Instr. 3)		any		Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct	Beneficial			
		(Month/Day/Year)		(Instr. 8)			Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)				
								Reported	(Instr. 4)	(1130. 4)			
						(A) or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
Common	0.5.11.1.10.0.1.5			a		P	\$	2 512 252 (1)		See			
Stock	05/11/2017			S	320,706	D	\$ 34.7	3,512,258 <u>(1)</u>	1	footnote			
										(1)			

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)	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
		Code Y	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Waite Carol Farmer 660 NEWPORT CENTER DRIVE, SUITE 1600 NEWPORT BEACH, CA 92660		Х				
Signatures						
/s/ Ryan C. Wilkins, as Attorney-In-Fact, for Caro Waite	l Farmer	05/15/2017				
** 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).

Represents common stock held by a number of family trusts for which the reporting person is a trustee or co-trustee and has sole or shared voting and dispositive power over the shares. The shares held by such trusts are beneficially owned by the reporting person to the

(1) extent of her proportionate interest in such trusts. At the option of the reporting person, the entire amount of the trusts' interests in the shares is being reported. The reporting person disclaims beneficial ownership of such shares except to the extent of her pecuniary interest therein.

Remarks:

Exhibit List: Exhibit 24.1 Power of Attorney

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.