## Edgar Filing: PITNEY BOWES INC /DE/ - Form 4

| PITNEY BC  | OWES INC /DE/                            |   |  |  |           |  |  |  |   |  |
|--|--|---|--|--|-----------|--|--|--|---|--|
| Form 4   |  |   |  |  |           |  |  |  |   |  |
| May 17, 201  | 17                                       |   |  |  |           |  |  |  |   |  |
| FORM   | 14                                       |   |  |  |           |  |  | OMB AF   | PROVAL  |  |
|  | UNITED                                   | STATES SECU<br>Wa   | RITIES A<br>Ashington  |  |           |  | OMMISSION  | OMB<br>Number:   | 3235-0287   |  |
| Check th<br>if no lon<br>subject t<br>Section<br>Form 4 c                                  | NGES IN BENEFICIAL OWNERSH<br>SECURITIES |   |  |  | ERSHIP OF | Expires:January 31<br>2005Estimated average<br>burden hours per<br>response0.5 |  |  |   |  |
| Form 5<br>obligation<br>may con<br><i>See</i> Instr<br>1(b).                               | tinue. Section 17(                       | suant to Section<br>a) of the Public U<br>30(h) of the I    | Jtility Ho   | lding Co   | mpar      | ny Act of  | 1935 or Section  | l  |   |  |
| (Print or Type   | Responses)                               |   |  |  |           |  |  |  |   |  |
| SANFORD LINDA S Symbo  |  |   | uer Name <b>and</b> Ticker or Trading<br>ol<br>EY BOWES INC /DE/ [PBI]         |  |           |  | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |   |  |
| (Last) (First) (Middle) 3. Date<br>(Month<br>3001 SUMMER STREET 05/17<br>(Street) 4. If Ar |  |   | e of Earliest Transaction  |  |           |  | (Check all applicable)   |  |   |  |
|  |  |   | onth/Day/Year)<br>/17/2017<br>f Amendment, Date Original<br>ed(Month/Day/Year) |  |           |  | Director 10% Owner Officer (give title below) Other (specify below)  |  |   |  |
|  |  |   |  |  |           |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person            |  |   |  |
| STAMFOR  | D, CT 06926                              |   |  |  |           |  | Form filed by Me<br>Person   |  |   |  |
| (City)   | (State)                                  | (Zip) Tak   | ole I - Non-   | Derivative                                       | e Secu    | rities Acqu  | iired, Disposed of,  | or Beneficiall   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code<br>(Instr. 8)   | 4. Securit<br>our Dispos<br>(Instr. 3,<br>Amount | ed of     |  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 05/17/2017                               |   | Р  | 5,000  | A         | \$<br>15.0887  | 18,689.8581  | 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<br>Derivative<br>Security<br>(Instr. 3) | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | <ol> <li>6. Date ExertionNumber</li> <li>Expiration D</li> <li>of (Month/Day)</li> <li>Derivative</li> <li>Securities</li> <li>Acquired</li> <li>(A) or</li> <li>Disposed</li> <li>of (D)</li> <li>(Instr. 3,</li> <li>4, and 5)</li> </ol> |                       | Date               | Amor<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>rities<br>r. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|--------------------------------------|---|-----------------------|--------------------|-----------------------|---|---|--|
|   |   | Code V                               | (A) (D  | ) Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares              |   |  |

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## **Reporting Owners**

| Reporting Owner Name / Address                              | Relationships |            |         |       |  |  |  |  |
|---|---------------|------------|---------|-------|--|--|--|--|
| The pointing of the radius of reactions                     | Director      | 10% Owner  | Officer | Other |  |  |  |  |
| SANFORD LINDA S<br>3001 SUMMER STREET<br>STAMFORD, CT 06926 |               |            |         |       |  |  |  |  |
| Signatures  |               |            |         |       |  |  |  |  |
| /s/ Laurie Bellocchio - POA for<br>Sanford                  |               | 05/17/2017 |         |       |  |  |  |  |
| **Signature of Reporting Pers                               | son           |            | Da      | te    |  |  |  |  |

## **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.