Edgar Filing: SAUL CENTERS INC - Form 4

| SAUL CEN | TERS INC | | | | | | | | | | |
|---|----------------------|-----------------|-------------|--------------|--------------|------------------------------|--------------------------------------|----------------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | |
| May 12, 201 | 15 | | | | | | | | | | |
| FORM | | статр | SECUD | ITIES AT | | | E COMMISSION | | PPROVAL | | |
| - | UNITED | SIAILS | | hington, | | | | OMB Number: | 3235-0287 | | |
| Check the | his box | | vv as | inington, | D.C. 203 | --/ | | | January 31, | | |
| if no lon | | IENT O | F CHAN | GES IN I | BENEFI | CIAL C | WNERSHIP OF | Expires: | 2005 | | |
| subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES | | | | | | Estimated av burden hours | | | | | |
| | Form 4 or | | | | | | response | • | | | |
| Form 5 | Filed pur | suant to | Section 16 | 6(a) of the | e Securiti | es Exch | ange Act of 1934, | | | | |
| obligatio may con | | | | • | . | | ct of 1935 or Sectio | n | | | |
| See Instr | | 30(h) | of the Inv | vestment | Company | Act of | 1940 | | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| (I fint of Type | (Caponaea) | | | | | | | | | | |
| 1. Name and A | Address of Reporting | Person <u>*</u> | 2. Issuer | Name and | Ticker or T | Trading | 5. Relationship of | Reporting Per | rson(s) to | | |
| SHERREN | CHARLES W JF | Ł | Symbol | | | | Issuer | Issuer | | | |
| | | | - | CENTERS | S INC [BI | FS] | | | `` | | |
| (Last) | (First) (1 | Middle) | 3. Date of | Earliest Tra | ansaction | | (Chec | k all applicabl | e) | | |
| | | | (Month/D | | lisuetion | | Director | 109 | % Owner | | |
| 7501 WISC | CONSIN AVENU | E, 15TH | | - | | | XOfficer (give | | er (specify | | |
| FLOOR | | | | | | | below) Sr. VP- Pi | below) coperty Manag | ement | | |
| | (Street) | | 4. If Ame | ndment, Dat | e Original | | 6. Individual or Jo | oint/Group Fili | ng(Check | | |
| | | | | th/Day/Year) | - | | Applicable Line) | | | | |
| | | | | • | | | _X_ Form filed by (| | | | |
| BETHESD | A, MD 20814 | | | | | | Form filed by M Person | lore than One R | eporting | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecurities | Acquired, Disposed of | f, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Dat | e 2A. Dee | emed | 3. | 4. Securit | ties | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | Executi | on Date, if | | onAcquired | | | Form: Direct | Indirect | | |
| (Instr. 3) | | any (Month) | (Day/Vaar) | Code | Disposed | | • | (D) or Indirect (I) | Beneficial | | |
| | | (Monul/ | Day/Year) | (Instr. 8) | (Instr. 3, 4 | 4 and 5) | | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | |
| | | | | | | (A) | Reported | | | | |
| | | | | | | or | Transaction(s) . (Instr. 3 and 4) | | | | |
| | | | | Code V | Amount | (D) Pr | rice (Inst. 5 and 4) | | | | |
| Common | | | | | | | 4,730.15 <u>(1)</u> | D | | | |
| Shares | | | | | | | | | | | |
| Common | | | | | | | 9,466.25 | I <u>(2)</u> | 401K | | |
| Shares | | | | | | | 9,400.25 | 1 <u>· · ·</u> | 401 K | | |

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.

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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. Transacti Code (Instr. 8) | 5. Number of forDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Yea | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|---|---|---------------------------------------|---|-----------------------------------|--|------------------|---|--|
| | | | | Code V | (A) (I | Date Exercisable | Expiration Date | Title | Amou or Numb of Sha | |
| Employee Stock Option | \$ 54.17 | | | | | 04/27/2008 <u>(3)</u> | 04/27/2017 | Common Stock | 10,0 | |
| Employee Stock Option | \$ 41.82 | | | | | 05/13/2011 <u>(3)</u> | 05/13/2021 | Common Stock | 10,0 | |
| Employee Stock Option | \$ 39.29 | | | | | 05/04/2012 <u>(3)</u> | 05/04/2022 | Common Stock | 10,0 | |
| Employee Stock Option | \$ 44.42 | | | | | 05/10/2013 <u>(3)</u> | 05/10/2023 | Common Stock | 10,0 | |
| Employee Stock Option | \$ 47.03 | | | | | 05/09/2014 <u>(3)</u> | 05/09/2024 | Common Shares | 10,0 | |
| Employee Stock Option | \$ 51.07 | 05/08/2015 | | А | 10,000 | 05/08/2015 | 05/08/2025 | Common Shares | 10,0 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|-----------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| SHERREN CHARLES W JR 7501 WISCONSIN AVENUE 15TH FLOOR BETHESDA, MD 20814 | | | Sr. VP- Property Management | | | | |
| Signatures | | | | | | | |
| Scott V. Schneider, by Power of Attorney | | 05/12/2015 | | | | | |
| **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) Balance increased by January 31, 2015 Dividend Reinvestment Plan award and April 30, 2015 award of 30.283 shares and 40.167 shares, respectively.
- Effective April 1, 2009, shares formerly held by the B.F. Saul Company Employees' Profit Sharing Reinvestment Trust were distributed
 (2) to the individual 401(k) plan accounts of participants. The number of shares reported represents the reporting person's beneficial ownership interest in the Saul Centers stock fund of the 401(k) plan.
- (3) The options vest 25% per year over four years from 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.