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COLBERT Form 4	VIRGIS										
January 08,	2019										
FORM	Λ4		an an						APPROVAL		
	UNITED	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					N OMB Number:	3235-0287		
Check t if no lor subject Section Form 4 Form 5	nger STATEN to STATEN 16. or	MENT OF	Estimated burden ho response.	ours per							
obligation may con <i>See</i> Inst 1(b).	ons Section 17(ruction	(a) of the F	Public U	Jtility Hol	ding Co		nge Act of 1934, of 1935 or Section 940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> COLBERT VIRGIS			2. Issuer Name and Ticker or Trading Symbol STAG Industrial, Inc. [STAG]			-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) ((Middle) 3. Date of Earliest Transaction					(Check all applicable)				
C/O STAG INDUSTRIAL, INC., ONE FEDERAL STREET, 23RD FLOOR			(Month/Day/Year) 01/07/2019				Officer (give title 10% Owner below) Dther (specify below)				
Ι			4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BOSTON,	MA 02110						Person	wore than one	Reporting		
(City)	(State)	State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution l any	Date, if	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect t Beneficial Ownership (Instr. 4)		
Reminder: Re	port on a separate line	e for each cla	uss of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforı requi	nation cont red to respe ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible :	Beneficially Owner securities)	1			
	2. 3. Trans Conversion (Month	saction Date /Day/Year)			4. Transact	5. Number tionof Derivati	6. Date Exercisative Expiration Date		itle and Amount of lerlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security	an (M	iy Ionth/Day/Year)	Code (Instr. 8)	Acquir (A) or Dispos (D)	Disposed of (D) (Instr. 3, 4,		Year)	(Instr. 3 and 4)		Securit (Instr.
				Code N	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
LTIP Units (1)	<u>(1)</u> <u>(2)</u>	01/07/2019		А	3,828		(1)(2)	<u>(2)</u>	Common Stock, par value \$0.01 per share	3,828	<u>(1) (</u>

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
COLBERT VIRGIS C/O STAG INDUSTRIAL, INC. ONE FEDERAL STREET, 23RD FLOOR BOSTON, MA 02110	Х						
Signatures							
/s/ Jeffrey M. Sullivan, Attorney-in-Fact	01/08/20	19					

**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).

The long-term incentive plan units ("LTIP Units") of STAG Industrial Operating Partnership, L.P., a Delaware limited partnership ("Operating Partnership"), of which STAG Industrial, Inc., a Maryland corporation (the "Issuer"), is the sole member of the general

(1) (Operating rathership), or which STAG industrial, inc., a Maryland Corporation (the fissuer's 2011 Equity Incentive Plan, as amended. The LTIP Units are subject to forfeiture until January 1, 2020.

Over time, the LTIP Units can achieve full parity with common units of limited partnership of the Operating Partnership ("OP Units") for all purposes. If such parity is reached, non-forfeitable LTIP Units may be converted into OP Units and then may be redeemed for cash

(2) an purposes. If such party is reached, non-formation in the bir of the state of the list of the state of the list of the state of the list of the state of th

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.