Edgar Filing: Traynor John F.K. - Form 4

| Traynor John Form 4 | i F.K. | | | | | | | | | | |
|--|---|--|--|--|--|--------|---|--|--|---|--|
| May 14, 2013 | 3 | | | | | | | | | | |
| FORM | 4 | | | | | ~~~ | | | | PPROVAL | |
| Check thi | UNITEDS | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | 3235-0287 January 31, | | |
| if no long subject to Section 10 | CHAN | ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: 2005 Estimated average burden hours per | | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed purs | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | 0.5 | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Traynor John F.K. Symbo | | | | 2. Issuer Name and Ticker or Trading ymbol SQUARE CORP /WA [BSQR] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | Earliest Transaction (Chec | | | | | ck all applicable) | | |
| 110 - 110TH 200 | I AVENUE, NE, | SUITE | (Month/Da 05/13/20 | ay/Year) | | | | Director X Officer (give below) Sr. | | o Owner er (specify | |
| | | | mendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| BELLEVUE | E, WA 98004 | | | | | | | Form filed by N Person | | | |
| (City) | (State) (| Zip) | Table | I - Non-D | erivative | Securi | ties Acc | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | Code (Instr. 8) | 4. Securi on(A) or D (D) (Instr. 3, | ispose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 05/13/2013 | | | F | $204 \frac{(1)}{(1)}$ | . / | \$ 2.78 | 52,455 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Add | dress | Relationships | | | | | | | |
|---|------------|---------------|------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Traynor John F.K. 110 - 110TH AVENUE, N SUITE 200 BELLEVUE, WA 98004 | νE | | Sr. VP, Products | | | | | | |
| Signatures | | | | | | | | | |
| /s/John F.K. Traynor | 05/14/2013 | | | | | | | | |
| <u>**</u> 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) Represents shares that were withheld to pay the minimum tax liability for the restricted stock units that vested on May 13, 2013.

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.