Curran Shawn Form 4 March 20, 2019

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \* Curran Shawn

2. Issuer Name and Ticker or Trading Symbol

GAP INC [GPS]

(First) (Middle) (Last)

3. Date of Earliest Transaction

TWO FOLSOM ST

(Zip)

(Month/Day/Year) 03/18/2019

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership

Form: Direct

5. Relationship of Reporting Person(s) to

(Check all applicable)

below) EVP, Glob Sup Chain & Prod Ops

Person

Director

X\_ Officer (give title

SAN FRANCISCO, CA 94105-1205 (State)

(Month/Day/Year)

(Street)

1. Title of 2. Transaction Date 2A. Deemed

(City)

Security

(Instr. 3)

3. 4. Securities Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

(I) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

10% Owner

\_ Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Transaction(s) (Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amour Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date Underlying Securit** Securities Security or Exercise Code (Month/Day/Year) (Instr. 3 and 4) any

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
				Code V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 25.56	03/18/2019		A	55,000		<u>(1)</u>	03/18/2029	Common Stock	55,0
Restricted Stock Unit	\$ 0 (2)	03/18/2019		A	20,000		<u>(3)</u>	<u>(3)</u>	Common Stock	20,0

### **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Curran Shawn EVP, Glob
TWO FOLSOM ST Sup Chain &
SAN FRANCISCO, CA 94105-1205 Prod Ops

### **Signatures**

By: JoAnne Zinman, Power of Attorney For: Shawn
Curran
03/20/2019

\*\*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) On March 18, 2019, the reporting person was granted an option to purchase a total of 55,000 shares, vesting in four equal annual installments beginning on the first anniversary of the grant date.
- (2) Each restricted stock unit represents a contingent right to receive one share of Gap Inc. Common Stock.
- (3) On March 18, 2019, the reporting person was granted 20,000 restricted stock units, vesting in two equal annual installments beginning on the first anniversary of the grant date.

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.

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