## Edgar Filing: Fox Benjamin N - Form 4

| Fox Benjami                                                                | n N                                                                                 |                   |                                                  |                                                                          |            |                                                           |                    |                                                                                                                                         |                                                           |                                                                      |                                |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------|--------------------------------------------------|--------------------------------------------------------------------------|------------|-----------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|--|
| Form 4<br>February 21,                                                     | 2018                                                                                |                   |                                                  |                                                                          |            |                                                           |                    |                                                                                                                                         |                                                           |                                                                      |                                |  |
|                                                                            | ГЛ                                                                                  |                   |                                                  |                                                                          |            |                                                           |                    |                                                                                                                                         |                                                           |                                                                      | PPROVAL                        |  |
| FORM                                                                       | I 4 UNITEI                                                                          | ) STATES          |                                                  | ITIES A                                                                  |            |                                                           |                    | NGE (                                                                                                                                   | COMMISSION                                                | OMB<br>Number:                                                       | 3235-0287                      |  |
| Check this box                                                             |                                                                                     |                   |                                                  | NGES IN BENEFICIAL OWNERSHIP OF                                          |            |                                                           |                    |                                                                                                                                         | Expires:<br>Estimated a                                   | January 31,<br>2005<br>average                                       |                                |  |
| Section 1<br>Form 4 o                                                      | ection 16.                                                                          |                   |                                                  |                                                                          | SECURITIES |                                                           |                    |                                                                                                                                         |                                                           | burden hours per                                                     |                                |  |
| Form 4 o<br>Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b). | Filed puncture filed puncture filed puncture file file file file file file file fil | 7(a) of the       |                                                  | ility Ho                                                                 | ldir       | ng Com                                                    | pany               | Act o                                                                                                                                   | ge Act of 1934,<br>f 1935 or Sectio<br>40                 | n response                                                           | 0.5                            |  |
| (Print or Type F                                                           | Responses)                                                                          |                   |                                                  |                                                                          |            |                                                           |                    |                                                                                                                                         |                                                           |                                                                      |                                |  |
| Fox Benjamin N Symbol                                                      |                                                                                     |                   |                                                  | Issuer Name <b>and</b> Ticker or Trading<br>Ibol<br>ALTY INCOME CORP [O] |            |                                                           |                    |                                                                                                                                         | 5. Relationship of Reporting Person(s) to Issuer          |                                                                      |                                |  |
|                                                                            |                                                                                     |                   | te of Earliest Transaction                       |                                                                          |            |                                                           |                    | (Check all applicable)                                                                                                                  |                                                           |                                                                      |                                |  |
| . ,                                                                        | AMINO REAL                                                                          | . ,               | (Month/Da<br>02/16/20                            | ay/Year)                                                                 | i i an     | saction                                                   |                    |                                                                                                                                         | Director<br><u>X</u> Officer (give<br>below)<br>EVP, Port |                                                                      | o Owner<br>er (specify<br>Mgmt |  |
|                                                                            |                                                                                     |                   | f Amendment, Date Original<br>ed(Month/Day/Year) |                                                                          |            |                                                           |                    | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |                                                           |                                                                      |                                |  |
| SAN DIEG                                                                   | O, CA 92130                                                                         |                   |                                                  |                                                                          |            |                                                           |                    |                                                                                                                                         | Form filed by M<br>Person                                 | More than One Re                                                     | eporting                       |  |
| (City)                                                                     | (State)                                                                             | (Zip)             | Table                                            | e I - Non-                                                               | Der        | rivative S                                                | Securi             | ties Ac                                                                                                                                 | quired, Disposed of                                       | f, or Beneficia                                                      | lly Owned                      |  |
| 1.Title of<br>Security<br>(Instr. 3)                                       | 2. Transaction D<br>(Month/Day/Yea                                                  | ar) Execution any |                                                  | Code<br>(Instr. 8                                                        | tion<br>)  | 4. Securi<br>Acquired<br>Disposed<br>(Instr. 3,<br>Amount | l (A) o<br>l of (D | )                                                                                                                                       | Beneficially                                              | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                                |  |
| Common<br>Stock                                                            | 02/16/2018                                                                          |                   |                                                  | А                                                                        |            | 5,504                                                     | A                  | \$ 0<br>(1)                                                                                                                             | 19,807                                                    | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Under<br>Secur | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<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             |                                                     |                                                                            |

## **Reporting Owners**

| Reporting Owner Name / Addre                                  | ess        | Relationships |                             |       |  |  |  |  |  |
|---------------------------------------------------------------|------------|---------------|-----------------------------|-------|--|--|--|--|--|
| I B                                                           | Director   | 10% Owner     | Officer                     | Other |  |  |  |  |  |
| Fox Benjamin N<br>11995 EL CAMINO REAL<br>SAN DIEGO, CA 92130 |            |               | EVP, Portfolio & Asset Mgmt |       |  |  |  |  |  |
| Signatures                                                    |            |               |                             |       |  |  |  |  |  |
| Benjamin N.<br>Fox                                            | 02/21/2018 |               |                             |       |  |  |  |  |  |
| <u>**</u> Signature of<br>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) Shares granted through an incentive plan; no consideration was paid. Shares vest over 4 years.

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.