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FARR DA Form 4 October 09													
FOR	M 4 _{UNITED}	STATES	SECU	RITI	ES	AND EX	КСН	ANGE	COMMISSIO		MB AF	PROVA	
Check this box				ashing	gto	n, D.C. 2	0549)		Numb	ber:	3235-0	
if no lo subject Section Form 4 Form 5 obligat	nger to 16. or Filed pu	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act Section 17(a) of the Public Utility Holding Company Act of 1935								F Estim burde respo	Expires: January 3 200 Estimated average burden hours per response 0		
1(b).	truction			•		nt Compa	-	•					
(Print or Type	e Responses)												
			2. Issuer Name and Ticker or Trading Symbol EMERSON ELECTRIC CO [EMR]						5. Relationship of Reporting Person(s) to Issuer				
(Last)		3. Date of Earliest Transaction						(Check all applicable)					
	RSON ELECTRI W. FLORISSAN	2	(Month/ 10/08/	-	ear)				_X_ Director _X_ Officer (g below) Chair	ive title belo man of Boa	Othe	Owner er (specify EEO	
				mendment, Date Original Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
ST. LOUI	S, MO 63136								Person	y More than	One Re	porting	
(City)	(State)	(Zip)	Ta	ble I - N	lon	-Derivativ	e Secı	urities Ac	quired, Disposed	of, or Ber	eficial	ly Owned	ı
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)			8)	4. Securit m(A) or Dis (Instr. 3, 4)	sposed	f of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	p Ind Ow (Ins	Nature of direct Beneficial vnership (str. 4)	
Common Stock	10/08/2018			F <u>(1)</u>		45,250 (1)	D	\$ 77.51 (2)	1,792,741	D			
Common Stock									401,801	Ι	Sp	ouse	
Common Stock									59,723	Ι	Tru	ıst-Dauş	ghter
Common Stock									69,723	Ι	Tru	ust-Son	
									10,034.316	Ι	40	1(k) plai	n

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Common													
Stock													
Common Stock						40,087.1	171 I	401(k) plan	excess				
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)													
1. Title of Derivative Security (Instr. 3)	erivative Conversion (Month/Day/Year) curity or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr			
				Code V	(A) (D)	Date Exercisable	Expiration Date	Amount or Title Number of Shares					
Reporting Owners													
Reporti	ng Owner Na	ime / Address	Director 10% Own		tionships r		Other						
8000 W. F	RSON ELE	ECTRIC CO. NT AVENUE 36	Х	Chai	rman of I	Board & CI	EO						
Signa	tures												
/s/ John A N. Farr	A. Sperino, A	Attorney-in-Fact f	for David	10/	09/2018								
	<u>**</u> Signature	e 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) Shares withheld for required minimum taxes upon vesting of previously reported stock grant under shareholder approved benefit plan exempt pursuant to Rule 16b-3.

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(2) Fair market value on date of the vesting described in Note 1.

Remarks:

EXHIBIT LIST - Exhibit 24 - Power of Attorney for David N. Farr

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.