Edgar Filing: GARMIN LTD - Form 4

GARMIN LT	٢D											
Form 4												
March 12, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									MMISSION	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi			v v ci 5	migu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 2007				Expires:	January 31,	
if no long		MENT O	F CHAN	GES I	NE	BENEFIC	CIAL (OWNE	CRSHIP OF	2005		
	subject to Section 16. SECURITIES								Estimated average burden hours per			
Form 4 or	r									response	0.5	
Form 5 obligatior	• •							•	Act of 1934,			
may conti				•			•		935 or Section			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940												
1(b).												
(Print or Type R	(esponses)											
· • • • •												
1. Name and Address of Reporting Person <u></u> 2. Issue				er Name and Ticker or Trading 5.					. Relationship of Reporting Person(s) to			
BURRELL	Symbol					Is	Issuer					
	GARMI	GARMIN LTD [GRMN]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(chief)	un upphonoio	/		
				(Month/Day/Year)					Director X10% Owner Officer (give title Other (specify below) below)			
1200 EAST 151ST STREET (03/10/20	03/10/2015 <u>–</u>								
(Street) 4			4. If Ame	4. If Amendment, Date Original 6				6. Individual or Joint/Group Filing(Check				
				-					Applicable Line)			
X Form filed by One Reporting Person												
OLATHE, KS 66062 — Form filed by More than One Reporting Person												
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative Se	curities	Acquir	ed, Disposed of,	or Beneficiall	v Owned	
1.Title of	2. Transaction D	ate 24 Dee		3.				-		6.	7. Nature of	
Security	(Month/Day/Yea		emed 3. 4. Securities Acqui on Date, if Transactionor Disposed of (D)						Securities	0. Ownership	Indirect	
(Instr. 3)		Code (Instr. 3, 4 and 5)						Beneficially	Form:	Beneficial		
		(Month/	/Day/Year) (Instr. 8)					Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)		
							(•)		Reported	(I)	(111501. 4)	
							(A) or		Transaction(s)	(Instr. 4)		
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Registered	03/10/2015			G	v	9,000,00	⁰ D	\$0	18,702,000	Ι	By trust	
Shares				-		(1)		+ -	,,		_)	
Pagistared											By	
Registered Shares									863,570	Ι	spouse's	
Shures											trust	

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 (9-02) required to respond unless the form displays a currently valid OMB control number.

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

1

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
BURRELL GARY L 1200 EAST 151ST STREET OLATHE, KS 66062		Х		
Signatures				
/s/Joshua H. Maxfield, Attorne Burrell	03/12/2015			
**Signature of Report	ing 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) These securities were donated by the reporting person to three charitable lead annuity trusts (CLATs) established by him. The reporting person's son is a co-trustee of the three CLATs.

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.