Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction	ANNUAL STATEM	shington, D ENT OF CH RSHIP OF S	.C. 2054 IANGES SECURI	9 5 IN I TIES	BENE S	FICIAL	OMP		
Form 3 Holdings Sect Reported Form 4 Transactions Reported	ion 17(a) of the Public U 30(h) of the In						n		
1. Name and Address of R Corey Steven N.	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol SAUL CENTERS INC [BFS]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) 7501 WISCONSIN AVENUE, 15TH FI	(Month/) 12/31/2	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017				(Check all applicable) Director 10% Owner X_ Officer (give title Other (specify below) below) Senior VP - Office Leasing			
(Street)	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			(	6. Individual or Joint/Group Reporting (check applicable line)				
BETHESDA, MDÂ	. 20814				-	_X_ Form Filed by Form Filed by 1 Person	One Reporting P More than One R		
(City) (State)	(Zip) Tab	le I - Non-Der	ivative Sec	curitie	s Acqu	ired, Disposed of	f, or Beneficial	lly Owned	
1.Title of 2. Transac Security (Month/D (Instr. 3)	ction Date 2A. Deemed bay/Year) Execution Date, if any (Month/Day/Year)	Code	4. Securi Acquirec Disposec (Instr. 3, Amount	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Â Stock Â	Â	Â	Â	Â	Â	4,318.23	I <u>(1)</u>	401K	

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

Persons who respond to the collection of information<br/>contained in this form are not required to respond unless<br/>the form displays a currently valid OMB control number.SEC 2270<br/>(9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## Edgar Filing: Corey Steven N. - Form 5

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. Transaction Code (Instr. 8)	of Deri Secu Acqu (A) of Disp of (I (Inst	Number Expiration Da			7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Employee Stock Option	\$ 47.03	Â	Â	Â	Â	Â	05/09/2014 <u>(2)</u>	05/09/2024	Common Stock	3,750
Employee Stock Option	\$ 51.07	Â	Â	Â	Â	Â	05/08/2015 <u>(2)</u>	05/08/2025	Common Stock	7,500
Employee Stock Option	\$ 57.74	Â	Â	Â	Â	Â	05/06/2016 <u>(2)</u>	05/06/2026	Common Stock	15,00
Employee Stock Option	\$ 59.41	Â	Â	Â	Â	Â	05/05/2017 <u>(2)</u>	05/05/2027	Common Shares	15,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Corey Steven N. 7501 WISCONSIN AVENUE 15TH FLOOR BETHESDA, MD 20814	Â	Â	Senior VP - Office Leasing	Â		
Signatures						

Scott V. Schneider, by Power of	01/24/2018		
Attorney	01/24/2010		

<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).

Effective April 1, 2009, shares formerly held by the B.F. Saul Company Employees' Profit Sharing Reinvestment Trust were distributed
 (1) to the individual 401(k) plan accounts of participants. The number of shares reported represents the reporting person's beneficial ownership interest in the Saul Centers stock fund of the 401(k) plan.

## Edgar Filing: Corey Steven N. - Form 5

(2) The options vest 25% per year over four years from the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.