

## TPI COMPOSITES, INC

# Reported by **MONIE WAYNE G**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 07/25/17 for the Period Ending 07/22/17

Address 8501 N SCOTTSDALE ROAD

**GAINEY CENTER II, SUITE 100** 

SCOTTSDALE, AZ, 85253

Telephone 480-305-8910

CIK 0001455684

Symbol TPIC

SIC Code 3510 - Engines And Turbines

Industry Renewable Energy Equipment & Services

Sector Energy



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Monie Wayı	ne G			T	PI (	COMI	POSITE	S, I	NC	TPIC	· ]		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Last)	(Last) (First) (Middle)				Date	of Ear	liest Trans	actio	on (MM	I/DD/YYY	Y)	Director10% Owner  X Officer (give title below) Other (specify below)					
8501 NORTH SCOTTSDALE							7/2	2/2	017			See Remarks					
ROAD, GAI				TE			,,_	_,_	017								
100																	
	(Stre	eet)		4.	If A	nendm	ent, Date (	Origi	nal Fi	led (MM/	DD/YYYY	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
SCOTTSDALE, AZ 85253												X Form filed by One Reporting Person					
(C	ity) (Sta	ate) (Zip	)									Form filed by	More than (	One Reporting F	erson		
			Table I	- Non-De	rivat	ive Sec	curities Ac	equii	red, D	isposed	of, or Be	eneficially Own	ed				
1. Title of Security (Instr. 3)			Trans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		or Disp	posed of (I 3, 4 and 5)	<b>)</b> )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amou	(A) o	r Price					(Instr. 4)	
Common Stock			7	7/22/2017			M		34200		\$0.00	1	28949		D		
Common Stock 7/24/201'				7/24/2017			F		10278 (1)	D	\$18.37	118671		D			
	Tab	le II - Deri	vative S	Securities	Bene	eficially	y Owned (	( e.g.	, puts	s, calls, v	warrants	, options, conve	rtible sec	eurities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deen Execution Date, if a	n Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				Underlying Security	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)		
Restricted Stock Units	<u>(2)</u>	7/22/2017		M			34200		<u>(3)</u>	(2) (3)	Commo Stock	n 34200	\$0.00	68400	D		

#### **Explanation of Responses:**

- (1) Represents the shares required to satisfy tax withholding obligations in connection with the vesting of 34,200 restricted stock units.
- (2) One-third of the restricted stock units vest on each of the first, second and third anniversaries of the effective date of the initial public offering of the Issuer; provided, that the Reporting Person continues to provide service to the Issuer through each applicable vesting date. The restricted stock units do not have an expiration date.
- (3) Each restricted stock unit represents a contingent right to receive one share of the common stock. All unvested restricted stock units will automatically expire upon Reporting Person's termination of service from Issuer.

#### Remarks:

Chief Manufacturing Technology Officer

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Monie Wayne G							
8501 NORTH SCOTTSDALE ROAD			See Remarks				
GAINEY CENTER II, SUITE 100			See Kemarks				
SCOTTSDALE, AZ 85253							

#### **Signatures**

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.