SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 * Bossone Anthony					r Name and Ticker omTree Inves				tionship of Repo all applicable) Director		erson(s) to Issuer			
(Last)	(First)	· ·	iddle)	3. Date 02/04/2	of Earliest Transac 2019	ith/Day	y/Year)		Officer (give title below)		10% Owner Other (specify below)			
102 GREENWICH AVENUE 2ND FLOOR				4. If Am	endment, Date of C	led (M	lonth/Day/Year	6. Indiv X						
(Street) GREENWICH	СТ	06	830	_							Form filed by	by More th	han One Reportir	ng Person
(City)	(State)	(Zi	p)											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date			Transaction	Execution Date,			4. Securities A) or Disposed	Securities Beneficially Ow Following Repo		6. Ownership	7. Nature of Indirect Beneficial Ownership	
				te onth/Day/Year)	if any	Transac Code (Ir 8)		Of (D) (Instr. 3	3, 4 and 5)		Beneficially O Following Rep	Owned of the second sec	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership
					if any	Code (Ir		Of (D) (Instr. 3 Amount	3, 4 and 5) (A) or (D)	Price	Beneficially O	Owned eported s)	Form: Direct (D) or Indirect (I)	Indirect Beneficial
Common Stock			(M		if any	Code (Ir 8)	nstr.		(A) or	Price \$5.9193 ⁽¹⁾	Beneficially O Following Rep Transaction(s (Instr. 3 and 4)	Owned eported s) 4)	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
Common Stock			(M (M Table II - De	onth/Day/Year) 02/04/2019 erivative Se	if any	Code (Ir 8) Code P ired, D	v ispo	Amount 50,000 sed of, or l	(A) or (D) A Benefic	\$5.9193 ⁽¹⁾	Beneficially O Following Rep Transaction(s (Instr. 3 and 4) 232,122	Owned eported s) 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership

	Conversion or Exercise Price of Derivative Security		Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Transaction(s) (Instr. 4)				

Explanation of Responses:

1. The price included in Column 4 is an average weighted price. These shares were purchased in multiple transactions at prices ranging from \$5.91 to \$5.93, inclusive. The reporting person undertakes to provide to WisdomTree Investments, Inc., any security holder of WisdomTree Investments, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) of this Form 4.

2. Includes restricted stock award which vests as to 8,936 shares on June 19, 2019.

Remarks:

/s/ Marci Frankenthaler, Attorneyin-Fact 02/05/2019

** 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 Number.