Edgar Filing: Lazzari Melanie A - Form 4

Lazzari Mela Form 4	anie A										
April 03, 202	19										
• ·		OMB APPROVAL									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long	ger							Expires:	January 31, 2005		
subject to Section 1 Form 4 o Form 5	or SIAIE N	IENT OF CHA	SECU		Estimated a burden hour response	ed average nours per					
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a	suant to Section a) of the Public 30(h) of the	Utility Hol	ding Cor	npan	y Act of	1935 or Section	1			
(Print or Type I	Responses)										
1. Name and A Lazzari Mel	Address of Reporting I lanie A	Symbo	uer Name and 1 BANCORF				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N		of Earliest T	-		•	(Check all applicable)				
``´	DELPHIA STRE	(Mont	(Month/Day/Year) 04/01/2019				Director 10% Owner Officer (give title Other (specify below) below) Executive Vice President				
	(Street)	4. If A	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
INDIANA,	PA 15701	Filed(1	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip) T	able I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date,		Code (Instr. 3, 4 and 5) r) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	04/01/2019		Code V $A(1)$	Amount 1,354	(D) A	Price \$ 39.209	7,171.146	D			
Common Stock							4,618.8531	Ι	401(k)		
Common Stock							9	I	Spouse IRA		

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

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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)	2. Conversion or Exercise Price of Derivative Security	xercise any e of (Month/Day/Year) vative		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) Amount		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares		
Repo	rting O	wners										
Reporting	g Owner Nam	ne / Address			Relationsl	nips						
			Director	10% Owner	Officer			Other				
Lazzari M	Ielanie A											
800 PHIL	ADELPHIA	A STREET			Executi	ve Vice F	President					

Signatures

INDIANA, PA 15701

/s/Timothy P. McKee, attorney-in-fact for Melanie A. Lazzari

**Signature of Reporting Person

Date

04/03/2019

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).

The Registrant's board of directors approved an award of restricted stock under the S&T Bancorp, Inc. 2014 Incentive Plan for an incentive under the 2019 S&T Bancorp, Inc. Long Term Incentive Plan, effective April 1, 2019 (the "Grant Date"). The actual number of shares granted and communicated to the Reporting Person was determined based on the target incentive payout as a percentage of the

(1) Reporting Person's base salary on the Grant Date divided by the average of the high and low prices of S&T Bancorp, Inc. common stock over the 10-day trading period ending on the Grant Date. One-half of the shares will be earned based on remaining with S&T for three years. The other half will be earned based on S&T's Return on Average Equity and Cumulative Total Shareholder Return performance over a three year period.

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.