APPLE INC
Reported by
WAGNER SUSAN

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 02/15/18 for the Period Ending 02/13/18

Address ONE INFINITE LOOP
CUPERTINO, CA, 95014
Telephone (408) 996-1010
CIK 0000320193
Symbol AAPL
SIC Code 3571 - Electronic Computers
Industry Computer Hardware
Sector Technology
Fiscal Year 09/30
FORM 4

[ ] 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

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

WAGNER SUSAN

(Street)

ONE APPLE PARK WAY

(City)

CUPERTINO, CA 95014

2. Issuer Name and Ticker or Trading Symbol

APPLE INC [ AAPL ]

3. Date of Earliest Transaction (MM/DD/YYYY)

2/13/2018

4. If Amendment, Date Original Filed

6. Individual or Joint/Group Filing

X Form filed by One Reporting Person

5. Relationship of Reporting Person(s) to Issuer

X Director

(1) Automatic grant pursuant to the Apple Inc. Non-Employee Director Stock Plan.

(2) Each restricted stock unit represents the right to receive, at settlement, one share of common stock.

(3) 100% of these restricted stock units are scheduled to vest on February 1, 2019, assuming continued service through the applicable vesting date.

Reporting Owners

Reporting Owner Name / Address

Relationships

WAGNER SUSAN

Director

ONE APPLE PARK WAY

10% Owner, Officer

CUPERTINO, CA 95014

Other

Signatures

/s/ Sam Whittington, Attorney-in-Fact for Susan Wagner 2/15/2018

**Signature of Reporting Person

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).


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.