

OWENS & MINOR INC/VA/

Reported by
MOORE EDDIE N JR

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/02/18 for the Period Ending 12/29/17

Address 9120 LOCKWOOD BLVD
MECHANICSVILLE, VA, 23116
Telephone 8047237000
CIK 0000075252
Symbol OMI
SIC Code 5047 - Wholesale-Medical, Dental and Hospital Equipment and Supplies
Industry Medical Equipment, Supplies & Distribution
Sector Healthcare
Fiscal Year 12/31

FORM 4

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

OMB APPROVAL
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[] 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 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 * MOORE EDDIE N JR (Last) (First) (Middle) C/O OWENS & MINOR, INC., 9120 LOCKWOOD BLVD. (Street) MECHANICSVILLE, VA 23116 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol OWENS & MINOR INC/VA/ [OMI] 3. Date of Earliest Transaction (MM/DD/YYYY) <p align="center">12/29/2017</p>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director _____ 10% Owner _____ Officer (give title below) _____ Other (specify below)
4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Phantom Stock	(1)	12/29/2017		A		364	(2)		(1)	(1)	Common Stock	364	\$18.88	27055	D	

Explanation of Responses:

- (1) The shares of phantom stock are convertible on a 1-for-1 basis and become payable, in cash or common stock, at the election of the reporting person, upon the occurrence of one of the following (as elected in advance by the reporting person): (a) death, (b) disability, (c) termination of service as director, (d) specified future delivery date, or (e) the earliest to occur of (a), (b), (c) or (d).
- (2) Shares acquired through quarterly dividend reinvestment transaction.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MOORE EDDIE N JR C/O OWENS & MINOR, INC. 9120 LOCKWOOD BLVD. MECHANICSVILLE, VA 23116	X			

Signatures

Eddie N. Moore, Jr. by Rosemarie France POA

1/2/2018

**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.