

TRIMBLE INC. Reported by KIRKLAND JAMES A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/08/17 for the Period Ending 03/06/17

Address 935 STEWART DRIVE

SUNNYVALE, CA 94085

Telephone 4084818000

CIK 0000864749

Symbol TRMB

SIC Code 3829 - Measuring and Controlling Devices, Not Elsewhere Classified

Industry Software

Sector Technology

Fiscal Year 01/01



[] 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

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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

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| nt of ring Derivative Security (Instr. 5) 8. Price of Derivative Security Securities Deneficially Owned Following | | Ownership (Instr. 4) |
| Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | |
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| B C F R | Beneficially Owned Following Reported Fransaction(s Instr. 4) | Beneficially Derivati Security Security Oilowing Beported or Indire Transaction(s) (I) (Instr. 4) |

- 40% of these options became exercisable on 10/28/2013 and an additional 1.67% of these options become exercisable monthly thereafter.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--------------------------------|---------------|-----------|--------------------|-------|
| | Director | 10% Owner | Officer | Other |
| KIRKLAND JAMES A | | | | |
| C/O TRIMBLE INC. | | | Vice President | |
| 935 STEWART DRIVE | | | vice Fresident | |
| SUNNYVALE, CA 94085 | | | | |

Signatures

John E. Huey, as Attorney-in-Fact

3/8/2017

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.