

# TRUECAR, INC. Reported by SWART JEFF

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 07/16/18 for the Period Ending 07/15/18

Address 1401 OCEAN AVE, SUITE 200

SANTA MONICA, CA, 90401

Telephone 800-200-2000

CIK 0001327318

Symbol TRUE

SIC Code 7370 - Services-Computer Programming, Data Processing, Etc.

Industry Internet Services

Sector Technology

Fiscal Year 12/31



[] 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

1. Name and Address of Reporting Person *					2. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Swart Jeff						·ue(	Car, Iı	1c. [ TR	UE	]		Director		10	% Owner			
(Last) (First) (Middle)					3. 1	3. Date of Earliest Transaction (MM/DD/YYYY)								X Officer (give title below) Other (specify below)				
C/O TRUECAR, INC., 120								7/1	5/20	018		EVP & Gene	ral Coun	sel				
BROADWAY, SUITE 200 (Street)					4. ]	lf An	nendme	nt, Date C	rigi	nal File	ed (MM/D	Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Line)					
SANTA MONICA, CA 90401 (City) (State) (Zip)													X Form filed l	_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table	I - N	on-Der	ivati	ive Seci	ırities Ac	quir	ed, Di	sposed o	f, or l	Beneficially Own	ed				
1.Title of Security (Instr. 3) 2. Trans. Da					Date 2A. Dee Execution Date, if		tion (Instr. 8)		or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership		
								Code	V	Amoun	(A) or (D)	Price	;				(Instr. 4)	
Common Stock 7/15/2018				2018		F		531 (1	D	\$11.54	112366			D				
	Tab	le II - Der	ivative	Secu	ırities l	Bene	ficially	Owned (	e.g.	, puts,	calls, w	arran	ts, options, conve	rtible sec	curities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Dee Execution Date, if a	on	n (Instr. 8)		5. Number Derivative Acquired Disposed (Instr. 3,	ve Securities (A) or of (D)		6. Date Exercisable and Expiration Date		Securi Deriva	e and Amount of ties Underlying tive Security 3 and 4)	derlying Derivative scurity Security		Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		

#### **Explanation of Responses:**

(1) The reported securities were withheld to satisfy the Reporting Person's tax liability in connection with the vesting of restricted stock units.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Swart Jeff C/O TRUECAR, INC. 120 BROADWAY, SUITE 200 SANTA MONICA, CA 90401			EVP & General Counsel					

#### **Signatures**

/s/ Scott Watkinson, by Power of Attorney

\*\*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.