FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

1. Name and Address of Reporting Person*

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

White Albert G III						COOPER COMPANIES INC [COO]											Direct			10% O			
(Last) 6140 ST SUITE 5	ONERIDG	First) (Middle) GE MALL RD.				3. Date of Earliest Transaction (Month/Day/Year) 01/08/2019											Officer (give title below) President & CEO			specify			
(Street) PLEASANTON CA 94588 (City) (State) (Zip)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)												Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	/ative	e Se	curit	ies A	cqı	<u> </u>	Dis						Owne	d					
D. This or occurry (mounty)				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea			Code (Instr.				ed (A) o str. 3, 4 a	3, 4 and Secur Bene Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amoun	t	(A) oi (D)	Pric	, l	Reporte Transac (Instr. 3	tion(s)			(11150.4)		
Common Stock 01/						9				M		570	0	Α	\$	0	37,526		D				
Common Stock 01/0						9				F		301	(1)	D	\$	0	37	7,225		D			
Common Stock 01/08					8/201	9				M		452	2	Α	\$	0	37,677		D				
Common Stock 01/08/						9				F		238	(1)	1) D \$		0	37,439			D			
		1	able II - I	Deriva (e.g., p					•				•			•	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)		of Deri Sec Acq (A) o Disp	oosed D) tr. 3, 4	Ex	Date Exe piration I onth/Day		Amo Secu Undo Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Da Ex	ite ercisable		opiration	Title		Amount or Number of Shares	1							
Restricted Stock Units	(2)	01/08/2019			M			570		(3)		(4)	Com	mon ock	570		\$0	0		D			
Restricted Stock	(2)	01/08/2019		T	M			452		(5)		(6)	Com	mon	452		\$0	452		D			

Explanation of Responses:

Units

- 1. 1/8/2019 RSU Release: Shares withheld to cover applicable tax obligations. A FMV (closing price of the Company's common stock on 1/8/2019) of \$253.83 was used.
- 2. RSU Exercise Price: There is no exercise price associated with the grant of Restricted Stock Units.
- $3. \ Grant\ Date\ 12/11/13\ RSU\ Vesting\ Date: The\ grant\ vests\ in\ equal\ portions\ on\ the\ following\ dates: 1/8/15,\ 1/8/16,\ 1/8/17,\ 1/8/18\ and\ 1/8/19.$
- 4. RSU Expiration Date: This award has no expiration date. Units will either vest or be forfeit.
- $5.\ 12/9/14\ RSU\ Grant\ -\ Vesting\ Date:\ The\ grant\ vests\ in\ equal\ portions\ on\ the\ following\ dates:\ 1/8/16,\ 1/8/17,\ 1/8/18,\ 1/8/19\ and\ 1/8/20.$
- 6. RSU Expiration Date: This award has no expiration date. Units will either vest or be forfeit.

/s/ Albert G. White III 01/09/2019

Date

** 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).
- ** 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 Number.