SEC Form 4

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Check this box if no longer

or Form 5 obligations may

subject to Section 16. Form 4

continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Expires: _
Estimated average burden
hours per response: 0.5

1. Name and Address of Reporting Person [*] VERRECCHIA ALFRED J				2. IF	2. Issuer Name and Ticker or Trading Symbol IRON MOUNTAIN INC [IRM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)					
(Last) (First) (Middle) C/O IRON MOUNTAIN INCORPORATED ONE FEDERAL STREET						3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018											
(Street) BOSTON M. (City) (S	A tate)	021 (Zij	-		4.	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				
		(2)		Table I - No	on-De	rivative	Securities	s Acquire	d, Disp	osed of, o	r Benefici	ally Own	ed				
1. Title of Security (Instr. 3)				Date	Fransaction te onth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			Securities Acquired (A) or posed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		F ([Ir	Ownership orm: Direct)) or direct (I) nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	/ 4	mount	(A) or (D)	Price	Reported			iisu. 4)	(1150.4)
				Table II -	Deriv (e.g.,	vative Se puts, ca	ecurities / alls, warra	Acquired, ants, optic	Dispos ons, co	ed of, or I vertible s	Beneficial securities)	ly Owned					•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Se (Month/Day/Year)	3A. Deemed Execution Date, (Month/Day/Year)	Transaction Deriv Code (Instr. Secu 8) Acqu or Dis		ities red (A) posed of istr. 3, 4	Expiratio (Month/E	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		3	8. Price of Derivative Security (Instr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	1	Title	Amou or Numb of Sha	ber				
Phantom Stock	(1)	07/02/2018		А		540.7011	1	(1)	(1)	Comm	on Stock	540.70	011	\$34,4126	36.625.568	3 D	

Explanation of Responses:

1. Pursuant to the Reporting Person's election to participate in the Iron Mountain Incorporated Directors Deferred Compensation Plan with respect to certain restricted stock units ("RSUs") received on June 14, 2018, which RSUs vest on the grant date, the shares of phantom stock (the "Phantom Shares") will become payable in shares of Iron Mountain Incorporated common stock ("Common Stock") following the Reporting Person's disability or cessation of service as a director. Each Phantom Share is the economic equivalent of one share of Common Stock.

2. These shares give effect to dividends paid on Common Stock as if reinvested in Phantom Shares.

/s/ Elizabeth Tammaro, under Power of Attorney dated May 26, 2016, from 07/05/2018 Alfred J. Verrecchia

** 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 Number.