

[] 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.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CASINI VICTOR M					\mathbf{L}	LKQ CORP [LKQ]											
(Last)	(Last) (First) (Middle)				3.	Date	of Ear	rliest Trans	sacti	on (MM	I/DD/YYY	Y)	Director 10% Owner				
													X _ Officer (give title below) Other (specify below) Senior VP and General Counsel				
C/O LKQ CORPORATION, 500 WEST						1/3/2017							Sellior VF al	iu Genera	ai Coulisei		
MADISON STREET, SUITE 2800																	
(Street)					4.	If An	nendn	nent, Date	Orig	inal Fi	led (MM/	DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
CHICAGO	II. 60661												Y Form filed	hy Ona Pano	rting Person		
CHICAGO, IL 60661 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(0	(5	(24)	P)		ļ								<u> </u>				
			Table	e I - N	on-De	rivat	ive Se	curities A	cqui		•		neficially Own			•	
1.Title of Security (Instr. 3) 2. Trans. Da					2A. De Execut		3. Trans. Co (Instr. 8)	de	4. Securities Acquired (A) Disposed of (D)			 Amount of Secur Following Reported 	6. 7. Ownership of	7. Nature			
					Date, if any		(msu. o)		(Instr. 3, 4 and 5)			(Instr. 3 and 4)			Form: I	Beneficial	
											Direct (D) or Indirect				Ownership (Instr. 4)		
								Code	V	Amoun	(A) or (D)	Price				(I) (Instr. 4)	
Common Stock 1/3/2017					017			M		60000	A	\$5.0288	226350		D		
Common Stock 1/3/2017					017			F (1)		18928	D	\$30.9779	207422		D		
Common Stock												207766			I	By Trust	
	Tab	le II - Deri	ivativ	e Secu	ırities	Bene	ficiall	y Owned	(e.g.	., puts	s, calls, v	varrants,	options, conve	ertible sec	urities)		
Title of Derivate Security	2. Conversion	3. Trans. Date	3A. D Execu		4. Trans Code	8) Derivat Securit				Date Exercisable and piration Date					9. Number of derivative	10. Ownership	11. Nature
(Instr. 3)	or Exercise Price of Derivative Security	Date			(Instr. 8			ies Acquired	Ехр	mation L	ale	Derivative	Security	Security (Instr. 5)	Securities Beneficially Owned	Form of	Beneficial Ownership (Instr. 4)
							(A) or (D)	Disposed of				(Instr. 3 and	d 4)				
							(Instr.	3, 4 and 5)					-1		Following Reported Transaction(s)	Direct (D) or Indirect (I) (Instr.	(
									Date		Expiration	Title	Amount or Number of				
					Code	V	(A)	(D)	Exe	rcisable	Date		Shares		(Instr. 4)	4)	
Employee Stock Option (right to										(2)	1/12/2017	Common				_	
buy)(01/12/2007 grant)	\$5.0288	1/3/2017			M			60000		<u>(2)</u>	1/12/2017	Stock	60000	\$0	0	D	
Explanation of	Resnonses																
•	•			الدامط	41 ·	aa	. + 0	v tla o +	.:41-1-	.1.4;	oma o	om d #1 :		b.omiuru	tha '	aa af 41	toals
(This transa1) options.	ction repres	sents snare	s with	meia b	by the 1	ssuer	to pay	y ine tax w	unno	oraing	amount	and the ex	ercise price rec	ингеа иро	ii the exerci	se or the s	HOCK
(The option	is exercisal	ble with re	spect	to 10%	6 of the	e nun	nber o	f shares su	bject	t to the	option o	on each six	k month annive	rsary of th	ne grant.		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CASINI VICTOR M							
C/O LKQ CORPORATION			Senior VP and General Counsel				
500 WEST MADISON STREET, SUITE 2800			senior vi and General Counsel				
CHICAGO, IL 60661							

Signatures

/s/ Victor M. Casini	1/5/2017
** Signature of Paperting 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.