Edgar Filing: LSI INDUSTRIES INC - Form 4

LSI INDUST Form 4	FRIES INC											
September 1	_											
FORM	14 UNITE		ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						PPROVAL 3235-0287			
Check th if no long subject to Section 1 Form 4 o	ger STAT 6. r											
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section	response 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										
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Wells Dennis W.			Symbol	2. Issuer Name and Ticker or Trading Symbol LSI INDUSTRIES INC [LYTS]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check						ck all applicabl	s all applicable)		
10000 ALLIANCE ROAD				(Month/Day/Year) 09/10/2015					Director 10% Owner X_ Officer (give title Other (specify below) below) CEO and President			
	(Street)				mendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CINCINNA	TI, OH 45242	2						Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execut any	eemed ion Date, if n/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Shares (1)				Code V	Amount	(D)	Price	(instr. 3 and 4) 5,146	D			
Common Shares	09/10/2015			Р	1,100	А	\$ 9.3	3,500	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

Edgar Filing: LSI INDUSTRIES INC - Form 4

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Buy	\$ 5.96					(2)	10/01/2024	Common Shares	100,000	
Option to Buy (3)	\$ 6.81					(2)	11/20/2024	Common Shares	75,000	
Option to Buy (3)	\$ 6.55					(2)	01/02/2025	Common Shares	39,923	
Option to Buy	\$ 9.39					(2)	07/01/2025	Common Shares	45,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Wells Dennis W. 10000 ALLIANCE ROAD			CEO and President				
CINCINNATI, OH 45242							

Signatures

/s/ F. Mark Reuter as Attorney-in-Fact for Dennis W. 09/15/2015 Wells **Signature of Reporting Person Date

Explanation of Responses:

- 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).
- (1) Common Shares held in the LSI Industries Inc. Non-Qualified Deferred Compensation Plan.
- (2)The options vest at a rate of 25% per year beginning on the first anniversary of the grant date.
- These holdings have been previously reported on Form 4. (3)

Edgar Filing: LSI INDUSTRIES INC - Form 4

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.