Edgar Filing: LSI INDUSTRIES INC - Form 4/A

LSI INDUS'I Form 4/A	TRIES INC										
February 23,									OMB AF	PROVAL	
FORM		RITIES A	OMB Number:	3235-0287							
Check thi if no long subject to Section 1 Form 4 o	6. STATE	DOX								Expires:January 31 2005Estimated average burden hours per response0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 1	Public Ut	ction 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940								
(Print or Type F	Responses)										
			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	LSI INDUSTRIES INC [LYTS] 3. Date of Earliest Transaction (Ch					(Checl	ck all applicable)		
(Month 10000 ALLIANCE ROAD (Street) 4. If Ar Filed(M			(Month/D 02/19/20	ay/Year)				X Director 10% Owner X Officer (give title Other (specify below) below) CEO and President			
				ndment, Dat th/Day/Year))16	-	l		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares (1)	02/19/2016			А	222	Α	\$ 11.35	6,635	D		
Common Shares								5,185 <u>(2)</u>	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/A

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. Transactic 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)				8. Pri Deriv Secur (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Buy	\$ 5.96					(3)	10/01/2024	Common Shares	100,000	
Option to Buy (4)	\$ 6.81					(3)	11/20/2024	Common Shares	75,000	
Option to Buy (4)	\$ 6.55					(3)	01/02/2025	Common Shares	39,923	
Option to Buy	\$ 9.39					(3)	07/01/2025	Common Shares	45,000	

er

Reporting Owners

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

Signatures

/s/ F. Mark Reuter as Attorney-in-Fact for Dennis W. 02/23/2016 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.
- This amendment is being filed to correct the 2/3/16 filing that reported the acquisition of 960 shares in the LSI Industries Inc.
- (2) Non-Qualified Deferred Compensation Plan when those shares were not acquired pursuant to the plan but were acquired outside of the plan.

Edgar Filing: LSI INDUSTRIES INC - Form 4/A

- (3) The options vest at a rate of 25% per year beginning on the first anniversary of the grant date.
- (4) These holdings have been previously reported on 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.