Edgar Filing: LSI INDUSTRIES INC - Form 4

LSI INDUS	TRIES INC										
Form 4											
June 02, 201	6										
FORM	14					~~~	NOR			PROVAL	
	• • UNITED) STATES		AITIES A Shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th	is box		vv az	mington,	D.C. 20	547				January 31,	
if no long		MENT O	F CHAN	GES IN I	BENEF	ICIA	LOW	NERSHIP OF	Expires. 20		
subject to Section 1	0			SECURITIES					Estimated average burden hours per		
Form 4 o									response 0.5		
Form 5	Filed pu	irsuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,			
obligatio may cont		(a) of the	Public U	ility Hold	ling Con	npang	y Act of	1935 or Section	n		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
	D										
(Print or Type I	(Kesponses)										
1. Name and A	Address of Reportin	g Person *	2 Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
Toney Shawn Symbol				DUSTRIES INC [LYTS]				Issuer			
(Last)	(First)	(Middle)	3 Date of	Earliest Tr	ansaction		-	(Chec	k all applicable	;)	
			(Month/D					Director 10% Owner			
LSI INDUS	TRIES, INC., 1	000	05/31/2	-				X Officer (give title Other (specify			
ALLIANCE	EROAD							below) Pres LS	below) I Lighting Solu	tions	
	(Street)		4 If Ame	ndment, Da	te Origina	1		6. Individual or Jo			
	(Bucch)			nth/Day/Year)	-	L		Applicable Line)	mu oroup i mi	Ig(Check	
								X Form filed by C			
CINCINNA	TI, OH 45242							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	o I - Non-D	orivativa	Socur	ities Aca	uired, Disposed of	or Ronoficial	ly Owned	
1 77.41 0							_			-	
1.Title of Security	2. Transaction Da (Month/Day/Year		med on Date, if	3. Transactio	4. Securi on(A) or Di			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(any	,	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially		Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned	Indirect (I)		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	05/21/2010						\$	14.022	D		
Shares (1)	05/31/2016			А	136	А	11.29	14,022	D		
Common											
Shares								250	D		

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

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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)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Deriva Securit (Instr. :
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Buy (3)	\$ 6.81					(2)	11/20/2024	Common Shares	30,000	
Option to Buy (3)	\$ 5.21					(2)	08/19/2020	Common Shares	8,189	
Option to Buy (3)	\$ 6.58					(2)	08/16/2022	Common Shares	20,000	
Option to Buy (3)	\$ 7.2					(2)	08/23/2023	Common Shares	25,000	
Option to Buy	\$ 9.39					(2)	07/01/2025	Common Shares	30,000	

Reporting Owners

Reporting Owner Name / Address	Relationships								
1	Director	10% Owner	Officer	Other					
Toney Shawn LSI INDUSTRIES, INC. 1000 ALLIANCE ROAD CINCINNATI, OH 45242			Pres LSI Lighting Solutions						
Signatures									
/s/ F. Mark Reuter as Attorney- Toney	-in-Fact fo	or Shawn	06/02/2016						

**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.
- (3) 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.