## Edgar Filing: YELP INC - Form 4

| YELP INC  |                                      |                    |                |                          |                           |   |                            |  |                        |                         |  |
|---|--------------------------------------|--------------------|----------------|--------------------------|---------------------------|---|----------------------------|--|------------------------|-------------------------|--|
| Form 4  |                                      |                    |                |                          |                           |   |                            |  |                        |                         |  |
| August 24, 2  | 2016                                 |                    |                |                          |                           |   |                            |  |                        |                         |  |
| FORM  | ΛΔ                                   |                    |                |                          |                           |   |                            |  | OMB A                  | PPROVAL                 |  |
|   | UNITE                                | D STATES           |                | RITIES A<br>shington     |                           |   | ANGE CO                    | OMMISSION  | OMB<br>Number:         | 3235-0287               |  |
| Check the check | nger                                 |                    |                |                          |                           |   |                            |  | Expires:               | January 31,<br>2005     |  |
|   | subject to STATEMENT OF CHAN         |                    |                |                          | NGES IN BENEFICIAL OWNERS |   |                            | ERSHIP OF  | Estimated average      |                         |  |
| Section   |                                      | SECURITIES         |                |                          |                           |   |                            | burden hours per   |                        |                         |  |
| Form 4<br>Form 5  |                                      |                    | ·              |                          | с ·                       |   | 7 1                        | A ( 61024  | response               | 0.5                     |  |
| obligatio   |                                      |                    |                |                          |                           |   | U                          | Act of 1934,   |                        |                         |  |
| may cor   | tinue. Section 1                     |                    |                | •                        | •                         | -   | ty Act of ct of ct of 1940 | 1935 or Sectior  | 1                      |                         |  |
| <i>See</i> Inst<br>1(b).  | ruction                              | 50(II)             | of the fi      | livestilleli             | t Compa                   | ily A   | ct 01 1940                 | )  |                        |                         |  |
| 1(0).   |                                      |                    |                |                          |                           |   |                            |  |                        |                         |  |
| (Print or Type  | Responses)                           |                    |                |                          |                           |   |                            |  |                        |                         |  |
|   |                                      |                    |                |                          |                           |   |                            |  |                        |                         |  |
|   | Address of Reportin                  | ng Person <u>*</u> | 2. Issue       | er Name <b>an</b>        | d Ticker o                | r Trad  | 0                          | 5. Relationship of   | Reporting Pers         | son(s) to               |  |
| Wilson Lau  | irence                               |                    | Symbol         |                          |                           |   |                            | Issuer   |                        |                         |  |
| YEI   |                                      |                    | YELP           | ELP INC [YELP]           |                           |   |                            | (Check all applicable)                                     |                        |                         |  |
| (Last)  | (First)                              | (Middle)           | 3. Date of     | of Earliest T            | ransaction                |   |                            |  |                        | ,<br>                   |  |
|   |                                      |                    | onth/Day/Year) |                          |                           | Director 10% Owner<br>X_ Officer (give title Other (specify |                            |  |                        |                         |  |
|   | INC., 140 NEW                        |                    | 08/23/2        | 2016                     |                           |   | -                          | A Officer (give below)                                     | below)                 | er (specify             |  |
| MONIGO  | MERY ST., 9TH                        | 1 FLOOK            |                |                          |                           |   |                            | SVP, Legal   | l & User Opera         | ations                  |  |
| (Street) 4. If A  |                                      |                    | 4. If Am       | Amendment, Date Original |                           |   | (                          | 6. Individual or Joint/Group Filing(Check                  |                        |                         |  |
| Filed(M   |                                      |                    |                | led(Month/Day/Year)      |                           |   |                            | Applicable Line)<br>_X_ Form filed by One Reporting Person |                        |                         |  |
|   |                                      | 105                |                |                          |                           |   | -                          | _X_ Form filed by O<br>Form filed by M                     |                        |                         |  |
| SAN FRAI  | NCISCO, CA 94                        | 105                |                |                          |                           |   | ]                          | Person   |                        | 1 0                     |  |
| (City)  | (State)                              | (Zip)              | Tab            | ole I - Non-             | Derivative                | e Secu  | rities Acqu                | ired, Disposed of,   | , or Beneficial        | ly Owned                |  |
| 1.Title of<br>Security  | 2. Transaction Da<br>(Month/Day/Year |                    |                |                          |                           |   |                            | 5. Amount of Securities                                    | 6.<br>Ownership        | 7. Nature of Indirect   |  |
| (Instr. 3)  |                                      | any                |                | Code                     | (Instr. 3,                | 4 and   | 5)                         | Beneficially   | Form:                  | Beneficial              |  |
|   |                                      | (Month/D           | ay/Year)       | (Instr. 8)               |                           |   |                            | Owned<br>Following   | Direct (D) or Indirect | Ownership<br>(Instr. 4) |  |
|   |                                      |                    |                |                          |                           |   |                            | Reported   | (I)                    | (1130. 4)               |  |
|   |                                      |                    |                |                          |                           | (A)<br>or   |                            | Transaction(s)   | (Instr. 4)             |                         |  |
|   |                                      |                    |                | Code V                   | Amount                    |   | Price                      | (Instr. 3 and 4)   |                        |                         |  |
| Class A   |                                      |                    |                |                          | 2,073                     |   | \$                         |  |                        |                         |  |
| Common  | 08/23/2016                           |                    |                | S                        | <u>(1)</u>                | D   | ф<br>37.4513               | 112,218 <u>(2)</u>   | D                      |                         |  |

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

Stock

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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

## Edgar Filing: YELP INC - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | ınt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Addr   | ess        | Relationships |                              |       |  |  |  |  |  |
|---|------------|---------------|------------------------------|-------|--|--|--|--|--|
|   | Director   | 10% Owner     | Officer                      | Other |  |  |  |  |  |
| Wilson Laurence<br>C/O YELP INC.<br>140 NEW MONTGOMERY ST., 9T<br>SAN FRANCISCO, CA 94105 | H FLOOR    |               | SVP, Legal & User Operations |       |  |  |  |  |  |
| Signatures  |            |               |                              |       |  |  |  |  |  |
| /s/ Donna Hammer,<br>Attorney-in-fact   | 08/24/2016 |               |                              |       |  |  |  |  |  |
| **Signature of Reporting Person   | Date       |               |                              |       |  |  |  |  |  |
| Explanation of Resp   | onses:     |               |                              |       |  |  |  |  |  |

- \* 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).

Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of certain RSUs, previously reported in Table I following the date of grant. This sale is mandated by the Issuer's election under its (1) equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not

- represent a discretionary trade by the reporting person.
- (2) Includes 825 shares purchased under the Issuer's 2012 Employee Stock Purchase Plan ("ESPP") on 5/31/16.

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.