

INTERFACE INC
 Form 4
 June 05, 2001

Form 4

UNITED STATES SECURITIES AND EXCHANGE
 COMMISSION

OMB
 APPROVAL

OMB Number:
 3235-0287

Expires:
 December 31,
 2001

Washington, DC 20549

[] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See instructions 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response. . . 0.5

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(f) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | |
|---|--|---|---|
| 1. Name and Address of Reporting Person* Kennedy Christopher G. | 2. Issuer Name and Ticker or Trading Symbol <p style="text-align: center;">Interface, Inc. (IFSIA)</p> | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u> X </u> Director _____ 10% Owner _____ _____ Officer (give _____ Other (specify title below) _____ below) |
| (Last) (First) (Middle) 2859 Paces Ferry Road Suite 2000 | 3. I.R.S. Identification Number of Reporting Person, if an entity voluntary | 4. Statement for Month/Year <p style="text-align: center;">May 2001</p> | |

(Street)

Atlanta Georgia 30339

5. If Amendment, Date of Original (Month/Year)

7. Individual or Joint/Group Filing

(Check Applicable Line)

Form filed by One Reporting Person

Form filed by More than One Reporting Person (City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

- 1. Title of Security
(Instr. 3)
- 2. Transaction Date
(Month/Day/Year)
- 3. Transaction
Code
(Instr. 8)
- 4. Securities Acquired (A) or Disposed of
(D) (Instr. 3, 4 and 5)
- 5. Amount of Securities Beneficially Owned at End of Month
(Instr. 3 and 4)
- 6. Owner-
ship Form:
Direct (D) or Indirect (I)
(Instr. 4)
- 7. Nature of Indirect Beneficial Ownership
(Instr. 4)

Code

V

Amount

(A) or (D)

Price

Class A Common Stock

05/22/01

P

940

A

\$6.60

27,195

D

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 Instructions 4(b)(v).

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 control number. (Over) SEC 1474 (3-99)

FORM 4
(continued)

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

| | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) |
|------------|--------------------------------------|--------------------------------|---|--|-----|--|-----------------|---|-----------|--|--|--|
| | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or | | | |
| Conversion | | | | | | | | | | | | |
| Exercise | | | | | | | | | | | | |
| Price of | | | | | | | | | | | | |
| Derivative | | | | | | | | | | | | |
| Security | | | | | | | | | | | | |

Edgar Filing: INTERFACE INC - Form 4

| | | | | | | | | | Number of Shares | | | |
|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Christopher G. Kennedy

6/01/01

Christopher G. Kennedy

Date

**Signature of Reporting Person

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.

Page 2