Edgar Filing: LSI INDUSTRIES INC - Form 4

LSI INDUSTE Form 4 October 21, 20											
FORM 4 UNITED STATES SECUR Was Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue				hington, GES IN I SECURI 6(a) of the ility Hold	D.C. 209 BENEFI ITIES Securiti ing Com	549 CIA ies E	L OW xchang	NERSHIP OF the Act of 1934, f 1935 or Sectio	OMB Number: Expires: Estimated a burden hou response	rs per	
See Instruction 1(b).30(h) of the Investment Company Act of 1940(Print or Type Responses)											
STOWELL RONALD S Symbol				Name and			-	5. Relationship of Reporting Person(s) to Issuer			
				•	ansaction			(Check all applicable) <u></u> Director <u>X_</u> Officer (give title <u></u> 10% Owner below) VP, CFO and Treasurer			
(Street) 4. If Amend Filed(Month CINCINNATI, OH 45242					-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
	2. Transaction Dat (Month/Day/Year)	Execution Execution	med on Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi m(A) or Di (D) (Instr. 3,	ties Adispose 4 and (A) or	cquired d of	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	
Common Shares				Coue V	Amount	(D)	The	16,376	D		
Common Shares (1)	10/18/2013			А	177	А	\$ 9.19	58,484	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. Transacti Code (Instr. 8)	of De Se (A D) of (Iu	umb f eriv	ative ities ired r osed) . 3,	Expirati (Month/ e	on D		7. Title and A Underlying S (Instr. 3 and 4	ecurities	8. Price Deriva Securit (Instr. :
				Code V	(A	4) ((D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares	
Option to Buy (4)	\$ 7.2							(3)) -	08/22/2023	Common Shares	50,000	
Option to Buy (4)	\$ 6.58							(2)	<u>)</u>	08/15/2022	Common Shares	40,000	
Option to Buy (4)	\$ 9.96							(2)	<u>)</u>	10/27/2014	Common Shares	25,000	
Opton to Buy (4)	\$ 17.6							(3))	08/24/2016	Common Shares	20,000	
Option to Buy (4)	\$ 19.76							(3)) -	08/24/2017	Common Shares	25,000	
Option to Buy (4)	\$ 8.98							(3)	<u>)</u>	08/22/2018	Common Shares	30,000	
Option to Buy (4)	\$ 8.4							(3))	08/21/2019	Common Shares	45,000	
Option to Buy (4)	\$ 5.21							(3))	08/19/2020	Common Shares	22,000	

Reporting Owners

Reporting Owner Name / Address	Relationships								
1 0	Director	10% Owner	Officer	Other					
STOWELL RONALD S			VP, CFO and Treasurer						

Reporting Owners

Edgar Filing: LSI INDUSTRIES INC - Form 4

C/O LSI INDUSTRIES INC. 10000 ALLIANCE ROAD CINCINNATI, OH 45242

Signatures

/s/ F. Mark Reuter as Attorney in Fact for Ronald S. Stowell

**Signature of Reporting Person

10/21/2013 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) Options granted vest on the anniversary of the grant date, 9.2% in 2005, 40% in 2007 and 10.8% in 2008.
- (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.