WILSON ROBERT W

Form 4 May 01, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

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See Instruction

Check this box

if no longer

Section 16.

subject to

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(h) of the Investment Company Act of 1940

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * WILSON ROBERT W			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			SUPREME INDUSTRIES INC [STS]			(Check all applicable)						
(Last)	(First) (M	,	3. Date of Earliest Transa (Month/Day/Year)			nsaction			_X_ Director Officer (giv		Owner er (specify	
2581 E. KERCHER ROAD			04/27/2012					below)	below)			
			I. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
		F1	led(Mont	h/Day/Yea	r)				Applicable Line) _X_ Form filed by	1 0		
GOSHEN, IN 46528							Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	I - Non-I	Deri	ivative S	ecurit	ies Acq	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)			3.		4. Securiti			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
Security (Month/Day/Year) Execution Date, if (Instr. 3) any		Jaic, II	Transaction(A) or Disposed of Code (D)			Beneficially	(D) or	Beneficial				
	(Month/Day/Year)		//Year)	(Instr. 8)	((Instr. 3, 4 and 5)			Owned Indirect (I) Ownership			
									Following Reported	(IIIstr. 4)	(Instr. 4)	
							(A) or		Transaction(s)			
C1				Code V	7	Amount	(D)	Price	(Instr. 3 and 4)			
Class A	04/07/0010			C		25.000	Б	Φ.4	120 127	D		
Common	04/27/2012			S	2	25,000	D	\$ 4	138,137	D		

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

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)

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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. conNumber 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 Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Stock Option	\$ 6.52					<u>(1)</u>	05/03/2013	Class A Common	32,436	
Incentive Stock Option	\$ 5.78					<u>(1)</u>	04/29/2014	Class A Common	24,214	
Incentive Stock Option	\$ 4.72					<u>(1)</u>	05/06/2015	Class A Common	20,988	
Incentive Stock Option	\$ 1.55					<u>(1)</u>	06/25/2016	Class A Common	15,000	
Incentive Stock Option	\$ 2.23					(2)	09/30/2017	Class A Common	30,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o where there is a real constant of	Director	10% Owner	Officer	Other			
WILSON ROBERT W 2581 E. KERCHER ROAD GOSHEN, IN 46528	X						

Signatures

Robert W. Wilson	05/01/2012			
**Signature of Reporting Person	Date			

Reporting Owners 2

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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) Currently exercisable.
- (2) Stock Options are exercisable as follows: 33% exercisable after one year from October 1, 2010 (the date of grant); 33% exercisable after two years from date of grant; and remaining 34% exercisable after three years from date of grant.

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.