### Edgar Filing: LSI INDUSTRIES INC - Form 4

LSI INDUST	TRIES INC										
Form 4											
February 22,	2017										
FORM	4					~~~				PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o	ger <b>STATI</b> 6.									Expires:January 31 2005Estimated averageburden hours per response0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 1	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									
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Croskey Jeff A			2. Issuer Name <b>and</b> Ticker or Trading Symbol LSI INDUSTRIES INC [LYTS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (0					(Chec	ck all applicable)		
1)			(Month/Day/Year) 02/17/2017					Director 10% Owner X Officer (give title Other (specify below) below) Pres., Graphics Segment			
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CINCINNA	TI, OH 45242							Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if Day/Year)	3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)		d of	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Shares $(1)$	02/17/2017			А	67	А	\$ 9.92	1,501	D		
Common Shares								6,000	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. Transactio Code (Instr. 8)	5. orNumber of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ntive ties red sed 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr. :	
				Code V	(A) (D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	
Option to Buy $(2)$	\$ 9.05					(	(3)	10/12/2025	Common Stock	20,000	
Option to Buy $(2)$	\$ 11.06					(	(3)	07/01/2026	Common Stock	30,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Croskey Jeff A 10000 ALLIANCE ROAD CINCINNATI, OH 45242			Pres., Graphics Segment					
Signatures								
/s/ F. Mark Reuter as Attorney- Croskey	02/22/2017							

### **Explanation of Responses:**

\*\*Signature of Reporting Person

- \* 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).

Date

- (1) Common Shares held in the LSI Industries Inc. Non-Qualified Deferred Compensation Plan.
- (2) These holdings have been previously reported on Form 4.
- (3) The options vest at a rate of 25% per year beginning on the first anniversary of the grant date.

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.