Edgar Filing: SFERRA JAMES P/ - Form 4

| Form 4 | IES P/ | | | | | | | | | | | |
|--|--------------------------------------|---|---|-------------------|-------------|--|------------------------------|---|--|--|-----------|--|
| April 04, 2018 | Л | | | | | | | | | | PPROVAL | |
| - | UNITED | Washington, D.C. 20549 | | | | | | | | | 3235-0287 | |
| Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b). | Filed pu ue. Section 17 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940 | | | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type Res | sponses) | | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol LSI INDUSTRIES INC [LYTS] | | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | 3. Date of Earliest Transaction(Month/Day/Year)04/02/2018 | | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| CINCINNAT | I, OH 45242 | | Filed(Mon | th/Day/Ye | ar) | | | | Applicable Line) _X_Form filed by 0 Form filed by N Person | One Reporting Pe Aore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non- | -De | rivative S | Securi | ties Acc | uired, Disposed of | f, or Beneficial | ly Owned | |
| | 2. Transaction Da (Month/Day/Year | r) Executio any | ned n Date, if Day/Year) | Code (Instr. 8 | ctior 3) | 4. Securit (A) or Di (D) (Instr. 3, - | sposed 4 and (A) or | 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) | | |
| Common Shares | 04/02/2018 | | | А | | 1,669 | A | \$ 7.79 | 317,170 | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|----------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| L O | Director | 10% Owner | Officer | Other | | | | |
| SFERRA JAMES P/ LSI INDUSTRIES INC. 10000 ALLIANCE ROAD CINCINNATI, OH 45242 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ F. Mark Reuter, Attorney-in Sferra | 04/04/2018 | | | | | | | |
| **Signature of Reporting | | 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).

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.