OGARA WILFRED T Form 4 April 04, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number: January 31,

Expires: 2005

Estimated average burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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).

(Print or Type Responses)

1. Name and Address of Reporting Person * OGARA WILFRED T		Person * 2. Issue Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1		LSI INDUSTRIES INC [LYTS] 3. Date of Earliest Transaction				(Check all applicable)			
, ,	ORATE PARK	, 2.24.0	Day/Year)	ansaction			X Director Officer (give below)		Owner er (specify	
CINICININIA	(Street)		endment, Da nth/Day/Year	Ü			6. Individual or J Applicable Line) _X_ Form filed by Form filed by !	•	erson	
(City)	ATI, OH 45242 (State)	(Zip) Tab	le I - Non-D	erivative S	Securi	ties Acc	Person [uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securi on(A) or Di (D) (Instr. 3,	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	04/02/2018		A	1,669	A	\$ 7.79	39,760	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)

Edgar Filing: OGARA WILFRED T - Form 4

8. Price Derivat Securit (Instr. 5

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)	5. onNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Buy	\$ 8.98					(1)	08/22/2018	Common Shares	2,500
Option to Buy	\$ 4.6					<u>(1)</u>	11/20/2018	Common Shares	1,500
Option to Buy	\$ 8.4					<u>(1)</u>	08/21/2019	Common Shares	3,500
Option to Buy	\$ 7.2					<u>(1)</u>	11/19/2019	Common Shares	1,500
Option to Buy	\$ 5.21					<u>(1)</u>	08/19/2020	Common Shares	2,500
Option to Buy	\$ 8.92					<u>(1)</u>	11/18/2020	Common Shares	1,500
Option to Buy	\$ 6.68					<u>(1)</u>	11/17/2021	Common Shares	1,500
Option to Buy	\$ 6.58					<u>(1)</u>	08/15/2022	Common Shares	2,500
Option to Buy	\$ 6.28					<u>(1)</u>	11/15/2022	Common Shares	1,500

Reporting Owners

Reporting Owner Name / Address

Relationships

Reporting Owners 2

Edgar Filing: OGARA WILFRED T - Form 4

Director 10% Owner Officer Other

OGARA WILFRED T 8180 CORPORATE PARK DRIVE SUITE 301 CINCINNATI, OH 45242



Signatures

/s/ F. Mark Reuter, Attorney-in-Fact for Wilfred T. O'Gara

04/04/2018

**Signature of Reporting Person

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) Non-Qualified stock options granted pursuant to the Company's 2003 Equity Compensation Plan. The options vest at a rate of 25% at the conclusion of each 90 day period following the date of grant.
- (2) 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.

Signatures 3