Edgar Filing: GENESCO INC - Form 4

GENESCO I	NC										
Form 4											
June 30, 2010	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer							Expires:	January 31, 2005			
subject to STATEMENT OF CHANGE					SES IN BENEFICIAL OWNERSHIP OF				Estimated average		
Section 10	on 16. SECURITIES						burden hours per				
Form 4 or Form 5			C	$(\cdot) \cdot f \cdot f \cdot f$	C	P		· A - + - € 1024	response	0.5	
obligation	· · · · ·						-	e Act of 1934,			
may conti	inue. Section 1			vestment	•	· ·		1935 or Section	n		
See Instru 1(b).	iction	50(II)		vestment	Compan	y At	1 01 194	Ю			
1(0).											
(Print or Type R	Responses)										
	ddress of Reportin	ng Person [*]	2. Issue	r Name and	Ticker or	Tradiı	ng	-	Reporting Person(s) to		
ESTEPA JA	MES C		Symbol					Issuer			
GENE				INESCO INC [GCO]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(check an appreable)			
			(Month/E	nth/Day/Year)			Director 10% Owner				
				5/28/2016			_X_ Officer (give title Other (specify below) below)				
MURFREES	SBORO ROAI	D						· · · · · · · · · · · · · · · · · · ·	r Vice Presiden	t	
	(Street)		4. If Ame	Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line)			
								X Form filed by C Form filed by M			
NASHVILL	E, TN 37217							Person		porting	
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	med	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea				1				Form: Direct		
(Instr. 3)		any	-	Code (Instr. 3, 4 and 5)				Beneficially	(D) or	Beneficial	
(Month/Day			Day/Year)	ay/Year) (Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(Instr. 1)	(1130.1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	06/28/2016			F	4,075 (1)	D	\$ 62.05	81,535	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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
	Director	10% Owner	Officer	Other			
ESTEPA JAMES C GENESCO INC. 1415 MURFREESBORO ROAD NASHVILLE, TN 37217			Senior Vice President				
Signatures							
Roger G. Sisson, attorney-in-fact	06/30)/2016					
<u>**</u> Signature of Reporting Person	Da	nte					

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) Shares withheld to satisfy minimum tax withholding liability upon the vesting of restricted stock granted under the Amended and Restated 2009 Equity Incentive Plan.

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.