Edgar Filing: J2 GLOBAL, INC. - Form 4

| J2 GLOBAL, Form 4 | | | | | | | | | | | | |
|--|--|-------------------|---|--------------------------------------|-------------------------------------|---|--|---|--|------------------|-----------|--|
| May 08, 2015 | Л | | | | | ID EVC | | | | т | PPROVAL | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | Number: | | | | | |
| Check this boxif no longerif no longersubject toSECURITIESSection 16.SECURITIESForm 4 orFiled pursuant to Section 16(a) of the Securities Exchange Act of 100000000000000000000000000000000000 | | | | | ge Act of 1934, f 1935 or Sectio | Expires: Estimated a burden hou response | irs per | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| ROSS STEPHEN Symbol J2 GL | | | Symbol | er Name and Ticker or Trading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | J2 GLOBAL, INC. [JCOM] 3. Date of Earliest Transaction | | | | | | (Check all applicable) | | | |
| (Month. | | | (Month/Da 05/06/20 | Day/Year) | | | | | Director 10% Owner Officer (give title Other (specify below) | | | |
| | | | ndment, Date Original th/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LOS ANGE | LES, CA 90028 | 3 | | | | | | | Form filed by M Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non- | -De | rivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution any | emed on Date, if /Day/Year) | Code (Instr. 8 | TransactionAcquired (A) or | | 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 Stock \$0.01 Par Value | 05/06/2015 | | | A <u>(1)</u> | | | A | $\begin{array}{c} 1 \\ 1 \\ 0 \\ \underline{(2)} \\ \end{array}$ | 13,072 | 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | 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 | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Punie / Punies | Director | 10% Owner | Officer | Other | | | | |
| ROSS STEPHEN 6922 HOLLYWOOD BLVD. 5TH FLOOR | | | | | | | | |
| LOS ANGELES, CA 90028 | | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Stephen Ross 05 | 5/07/2015 | | | | | | | |
| <u>**</u> 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) Restricted stock awarded under the Issuer's 2015 Stock Plan.
- (2) Restricted stock granted for services rendered; no value placed on services rendered.

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.