Edgar Filing: SFERRA JAMES P/ - Form 4

| SFERRA JAN Form 4 | MES P/ | | | | | | | | | | |
|--|--|---|---------------------------------|--|---|--------|------------|---|--|--|--|
| January 04, 20 | 018 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 3235-028 | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | er STATH 5. Filed p ^s Section 1 | Washington, D.C. 20549 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 30(h) of the Investment Company Act of 1940 | | | | | | | | Expires:January 31Expires:200Estimated averageburden hours perresponse0. | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| SFERRA JAMES P/ Syn | | | | 2. Issuer Name and Ticker or Trading Symbol LSI INDUSTRIES INC [LYTS] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) LSI INDUST ALLIANCE | (First) TRIES INC., 1 ROAD | (Middle) 0000 | 3. Date of (Month/D 01/02/20 | - | ransaction | | | X Director Officer (give below) | 10% | • Owner er (specify | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CINCINNAT | ГІ, ОН 45242 | | | | | | | | More than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non-I | Derivative S | Securi | ties Acc | quired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executio any | med on Date, if Day/Year) | Code (Instr. 8) | 4. Securi on(A) or Di (D) (Instr. 3, | spose | 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 | 01/02/2018 | | | А | 1,909 | А | \$ 6.81 | 315,501 | 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

Edgar Filing: SFERRA JAMES P/ - Form 4

| 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 | | | | | | | |
|---|----------------------------|------|---------|-------|--|--|--|--|
| r | Director 10% Owner Officer | | Officer | Other | | | | |
| SFERRA JAMES P/ LSI INDUSTRIES INC. 10000 ALLIANCE ROAD CINCINNATI, OH 45242 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ F. Mark Reuter, Attorney-in Sferra | 01/04/2018 | | | | | | | |
| **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.