## Edgar Filing: LEGLER MITCHELL W - Form 4

LEGLER MI	TCHELL W												
Form 4													
January 10, 2	013												
FORM	Δ										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this				U	-					Expires:	January 31,		
if no longe subject to	er STATE	MENT O	F CHAN	IANGES IN BENEFICIAL OWN					<b>NERSHIP OF</b>	•	2005		
Section 16	<b>5</b> .			SECURITIES						Estimated average burden hours per			
Form 4 or									response	•			
Form 5	Filed pu	irsuant to S	Section 16	$\delta(a)$ of	the	Securiti	es Ex	chang	ge Act of 1934,				
obligation may contin	Section 17	(a) of the	Public Ut	ility Ho	oldi	ng Com	pany	Act o	f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestmen	nt C	Company	/ Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
		~ *									<i>.</i>		
	dress of Reporting	g Person _		Issuer Name <b>and</b> Ticker or Trading bol					5. Relationship of Issuer	f Reporting Per	Reporting Person(s) to		
LEGLER M	ITCHELL W		Symbol						155001				
	STEIN N	MART	IN	C [SMR	T]		(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(		- )				
(Month/J				onth/Day/Year)					_X_ Director 10% Owner				
	MART, INC., 1		01/08/20	/08/2013					Officer (give title Other (specify below) below)				
RIVERPLAC	CE BOULEVA	RD							below)	DCIOW)			
	(Street)		4. If Amer	ndment, I	Date	e Original			6. Individual or Jo	oint/Group Fili	ng(Check		
				d(Month/Day/Year)					Applicable Line)				
									_X_ Form filed by	1 0			
JACKSONV	TILLE, FL 3220	)7							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	2. Transaction Da	ate 2A. Dee	emed	3.		4. Securit	ies		5. Amount of	6. Ownership	7. Nature of		
Security (Month/Day/Year) Execution Da (Instr. 3) any									Securities	Form: Direct	Indirect		
				Code Disposed of (D)					Beneficially	(D) or	Beneficial		
		(Month/	/Day/Year)	(Instr.	8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
									Reported	(1130. 4)	(1150. 4)		
							(A)		Transaction(s)				
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common						5,115							
Stock	01/08/2013			Α		(1)	A	\$0	136,567	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
LEGLER MITCHELL W C/O STEIN MART, INC. 1200 RIVERPLACE BOU JACKSONVILLE, FL 322	Х								
Signatures									
/s/ Mitchell W. Legler	01/10/201	3							
**Signature of	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 shares granted pursuant to the Issuer's 2001 Omnibus Plan. The shares cliff vest 100% on the third anniversary of the date of grant.

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.

Reporting Person