Edgar Filing: EXPRESS, INC. - Form 4

EXPRESS, IN	NC.										
Form 4	_										
June 11, 2015	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
		DSIAIES		hington,			NGE		OMB Number:	3235-0287	
Check this	s box		vv as	inington,	D.C. 203	747				January 31,	
if no long	er STATH	EMENT O	F CHAN	GES IN F	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 16				SECURITIES					Estimated average burden hours per		
Form 4 or									response		
Form 5	Filed p	oursuant to	Section 16	b(a) of the	e Securiti	es Ez	kchang	ge Act of 1934,			
obligation may conti				•	•	- ·		of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	vestment	Company	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Killion Theo			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			•	SS, INC.	[EXPR]						
(Last)	(First)	(Middle)						(Cheo	ck all applicable	e)	
				3. Date of Earliest Transaction (Month/Day/Year)				X_ Director 10% Owner			
C/O ZALE CORPORATION, 901			06/10/2015					Officer (give title Other (specify			
WEST WAL	NUT HILL L	ANE						below)	below)		
(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line)			
IRVING, TX 75038								_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)		IND	• • • •				е р ен.		
	× ,			3.			ties Ac	quired, Disposed o		•	
1.Title of Security	2. Transaction I (Month/Day/Ye		te 2A. Deemed) Execution Date, if		4. Securi		vr	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wondi Day) 10	any	on Date, n	TransactionAcquired (A) or Code Disposed of (D)				Beneficially	D) or Indirect (I)	Beneficial Ownership	
		(Month/	/Day/Year)	(Instr. 8)	(Instr. 8) (Instr. 3, 4 and 5)						
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, par	06/10/2015			A	6,808	A	\$0	25,004	D		
value \$0.01					(1)						

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. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Killion Theo C/O ZALE CORPORATION 901 WEST WALNUT HILL LANE IRVING, TX 75038	Х							
Signatures								
Lacey J. Bundy, Attorney-in-Fact	06/11/2							
<u>**Signature of Reporting Person</u>	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) These shares represent restricted stock units that are to be settled in common stock upon vesting. The restricted stock units will vest on May 15, 2016.

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.