Edgar Filing: STEIN MART INC - Form 4

OTEINI MADT INC

STEIN MAR	RT INC											
Form 4												
January 14, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
		ED STATE					NGE	COMMISSION	OMB	2025 0007		
			Was	hington,	D.C. 20	549			Number:	3235-0287		
Check this box				-					Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSH				NERSHIP OF	Estimated a	2005 average		
Section 1		SE					burden hours per					
Form 4 o									response	0.5		
Form 5 obligation		•						ge Act of 1934,				
may cont	Nection			•	•	- ·		of 1935 or Sectio	n			
See Instru	uction	30(h)) of the Inv	vestment	Compan	y Act	t of 19	940				
1(b).												
(Print or Type I	Responses)											
(Thit of Type I	(copolises)											
1. Name and A	Address of Repor	ting Person *	2 Issuer	Name and	Ticker or '	Tradir	a	5. Relationship of	Reporting Per	son(s) to		
	ER ALVIN R	-	Symbol	suer Name and Ticker or Trading				Issuer	reporting r en	501(5) 00		
5 yiii bor				EIN MART INC [SMRT]								
				Date of Earliest Transaction				(Check all applicable)				
(Last)	(First)	(Middle)			ansaction			X Director	100	Owner		
				(onth/Day/Year) /13/2015			Officer (give title Other (specify					
DRIVE, SU			01/13/20	/15				below)	below)			
211,50			4 10 4	1 (D)					·			
				Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mor				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
IACKSON	VILLE, FL 32	2202						Form filed by M	Aore than One Re			
UTICITIE OTI	, 1000, 1000							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y	(ear) Executi	TransactionAcquired (A) or				Securities	Form: Direct				
(Instr. 3)		any		Code Disposed of (D)				Beneficially		Beneficial		
(Month/Day/Year)				(Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(111501. 4)	(IIIsu: +)		
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common	01/12/2015				2,647	, í		42 707 0050	D			
Stock	01/13/2015			А	(1)	А	\$0	42,707.9959	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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			
CARPENTER ALVIN R ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202	Х						
Signatures							
Greg L. Lohman, attorney-in-fact	01.	/14/2015					
**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 shares granted pursuant to the Issuer's 2001 Omnibus Plan. The shares vest 1/36 per month over three years, beginning January 2015.

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.