Edgar Filing: Zumiez Inc - Form 4

Zumiez Inc Form 4 June 24, 201	3											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	OMB APPROVAL		
UNITED STATES SECUR				RITIES AND EXCHANGE COMMISS shington, D.C. 20549				COMMISSION	OMB Number:	3235-0287		
Check this box if no longer				-					Expires:	January 31,		
subject to		EMENT O	F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Iverage		
Section 1	Section 16.				SECURITIES				burden hours per			
Form 4 o Form 5			C (* 1						response	0.5		
obligatio		-					-	e Act of 1934, f 1935 or Section	n			
may cont	linue.			vestment	•	- ·			11			
See Instruction 1(b).	uction	50(II)) of the m	vestment	company	y met	01177	10				
1(0)												
(Print or Type I	Responses)											
			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
Wright Ford Symbo								155001				
			Zumiez	Inc [ZUN	ΛZJ			(Chec	k all applicable	;)		
(Last)	(First)	(Middle)		f Earliest Tr	ansaction							
				Aonth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
4001 204 III SIREEI SW			06/21/2013					below) below)				
								Executive V.P. of Stores				
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed			Filed(Moi	iled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
LYNNWOOD, WA 98036				Form filed by M				lore than One Reporting				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	med 3. 4. Securities Acquired								
Security	(Month/Day/Y	on Date, if					Securities	Form: Direct				
(Instr. 3) any (Month/Da			/Day/Year)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
Follow					Following	(Instr. 4)	(Instr. 4)					
						(A)		Reported Transaction(s)				
				Col V	A	or	D. '	(Instr. 3 and 4)				
				Code V	Amount	(D)	Price \$					
Common	06/21/2013			S	13,500	D	ф 27.2	56,190 <u>(2)</u>	D			
Stock	50,21,2010			~	10,000	_	(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. ofNumber 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 Owna 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				
Wright Ford 4001 204TH STREET SW LYNNWOOD, WA 98036			Executive V.P. of Stores					
Signatures								
Chris K. Visser, Attorney-in-Fact	0	6/24/2013						
<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).

This transaction was executed in multiple trades ranging from \$27.00 to \$27.31. The price reported above reflects the weighted average (1) sales price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer the detailed information regarding the number of shares sold at each price.

(2) The share total includes 4,564 shares acquired through the Zumiez Inc. Employee Stock Purchase Plan.

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.