Edgar Filing: KIRKLAND'S, INC - Form 4

VIDVI AND'S INC

KIRKLAND'	S, INC										
Form 4											
December 31											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED S		RITIES AND EXCHANGE COMMISSION ashington, D.C. 20549					OMB Number:	3235-0287		
Check this if no longe	ər								January 31, 2005		
subject to	STATEM	ENT OF CHAI	F CHANGES IN BENEFICIAL OWNERSH					Estimated			
Section 16 Form 4 or		SECURITIES						burden hours per			
Form 4 or Form 5		uant to Section	16(a) of the	- Securiti	es F	vehand	The Act of $103/$	response	. 0.5		
obligation	⁸ Section $17(a$						of 1935 or Section	m			
may contin See Instru	nue.	30(h) of the I	•	•	· ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1(b).	cuon			p	<i>,</i>						
(Print or Type R	esponses)										
1. Name and Address of Reporting Person $\frac{*}{-}$			2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Orr Wilson F	Symbol	Symbol				Issuer					
		KIRKI	KIRKLAND'S, INC [KIRK]				(Check all applicable)				
(Last)	(First) (M		e of Earliest Transaction								
CIO SSM VI		(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify					
C/O SSM VI PARTNERS	12/31/.	12/31/2013				below) below)					
AVENUE, S											
	(Street)	4 If Am	andmant Da	to Original			6 Individual or I	int/Group Filing(Check			
		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
		, ,	, 			_X_ Form filed by One Reporting Person					
MEMPHIS,						Form filed by More than One Reporting Person					
(City)	(State) (A	Zip) Tal	ole I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, in		onAcquired			Securities	Form: Direct	Indirect		
(Instr. 3) any		any (Month/Day/Year	Code	Disposed of (D)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Wolldin Day) Tear	/Day/Year) (Instr. 8) (Instr. 3, 4			5)	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
G			Code V	Amount	(D)	Price	(Insu: 5 and 4)				
Common	12/31/2013		G	1,000	D	\$0	17,885	D			
Stock											
Common	12/31/2014		G	1,000	D	\$0	20,885	D			
Stock				,			,				

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.

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
reporting of the random states	Director 10% Owner		Officer	Other			
Orr Wilson R III C/O SSM VENTURE PARTNERS 6070 POPLAR AVENUE, SUITE 560 MEMPHIS, TN 38119	Х						
Signatures							
/s/ Adam Holland, as Attorney In Fact for Orr, III	01/	/02/2015					
<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).

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.