#### STOWELL RONALD S

Form 4 July 03, 2012

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL OMB** 

Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

Section 16.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* STOWELL RONALD S

2. Issuer Name and Ticker or Trading

Symbol

LSI INDUSTRIES INC [LYTS]

5. Relationship of Reporting Person(s) to Issuer

(Last)

(City)

Common

Shares (1)

(First) (Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

07/02/2012

(Check all applicable) Director 10% Owner

X\_ Officer (give title Other (specify below)

C/O LSI INDUSTRIES INC., 10000 ALLIANCE ROAD

(Street)

(State)

07/02/2012

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

VP, CFO and Treasurer

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

D

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

CINCINNATI, OH 45242

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares			Code V	Amount	(A) or (D) Price	Following (Ins Reported Transaction(s) (Instr. 3 and 4)  16,356 D		(IIISU: 4)

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A

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	of	3	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Deriva Securit (Instr.:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Buy	\$ 9.96					(2)	10/27/2014	Common Shares	25,000	
Opton to Buy (4)	\$ 17.6					(3)	08/24/2016	Common Shares	20,000	
Option to Buy	\$ 19.76					(3)	08/24/2017	Common Shares	25,000	
Option to Buy	\$ 8.98					(3)	08/22/2018	Common Shares	30,000	
Option to Buy	\$ 8.4					(3)	08/21/2019	Common Shares	45,000	
Option to Buy	\$ 5.21					(3)	08/19/2020	Common Shares	22,000	

# **Reporting Owners**

Reporting Owner Name / Address				
<b></b>	Director	10% Owner	Officer	Other
STOWELL RONALD S C/O LSI INDUSTRIES INC. 10000 ALLIANCE ROAD CINCINNATI, OH 45242			VP, CFO and Treasurer	

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### **Signatures**

/s/ F. Mark Reuter as Attorney in Fact for Ronald S. Stowell

07/03/2012

\*\*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) Common Shares held in the LSI Industries Inc. Non-Qualified Deferred Compensation Plan.
- (2) Options granted vest on the anniversary of the grant date, 9.2% in 2005, 40% in 2007 and 10.8% in 2008.
- (3) The options vest at a rate of 25% per year beginning on the first anniversary of the grant date.
- (4) These holdings have been previously reported on Form 4.

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.

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