## Edgar Filing: Taylor Adrian - Form 4

Taylor Adria	n										
Form 4											
March 11, 20	013										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washing					FIES AND EXCHANGE COMMISSION ington, D.C. 20549					3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to	NIA IH	CMENT O	<b>F CHAN</b>	GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
Section 1				SECUR	ECURITIES					burden hours per	
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange						ha h at of 1024	response	0.5	
obligation	<sup>18</sup> Section 17						-	f 1935 or Sectio	m		
may conti	inue.		) of the In	•	•	· ·			/11		
See Instru 1(b).	iction		) 01 010 111		e o nip un j	1100	01 17				
(Print or Type R	Responses)										
1 Name and A	ddress of Reportin	g Person *	2 1	Nama and	T: -17		_	5. Relationship of	f Reporting Per	son(s) to	
1. Name and Address of Reporting Person * Taylor Adrian2. Issuer Symbol				uer Name <b>and</b> Ticker or Trading				Issuer			
2			-	CAN API	PAREL.	INC I	APPI				
(Last)	(First)	(Middle)		Earliest Tra			,	(Cheo	ck all applicable	e)	
(Last)	(1130)	(ivitable)	(Month/D		ansaction			Director	10%	o Owner	
				3/08/2013				X Officer (give title Other (specify			
INC., 747 W	AREHOUSE S	STREET						below) VP. Co	below) orporate Control	ller	
(Street) 4. If Ame				nendment, Date Original			6. Individual or Joint/Group Filing(Check				
				iled(Month/Day/Year)				Applicable Line)			
				· · · · · · · · · · · · · · · · · · ·				_X_ Form filed by			
LOS ANGE	LES, CA 9002	1						Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)	<b>T-11</b>			•	• • • • •	·	6 D		
		-						uired, Disposed o		-	
1.Title of Security	2. Transaction D (Month/Day/Yea							5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wondin Day) 1 ca	any	on Date, n	Code (D)			Beneficially	(D) or Indirect (I)	Beneficial Ownership		
		(Month	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			Owned				
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common											
Stock,	03/08/2013			А	40,000	А	\$0	230,087	D		
\$.0001 par					(1)		ŦŬ	,			

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

value

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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. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	Expiration D (Month/Day/ e	th/Day/Year) Unde Secur		of ng	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

## **Reporting Owners**

Reporting Owner Name / Address			Relationships						
	Director	10% Owner	Officer	Other					
Taylor Adrian C/O AMERICAN APPAREL, INC. 747 WAREHOUSE STREET LOS ANGELES, CA 90021			VP, Corporate Controller						
Signatures									
/s/ Glenn A. Weinman, attorney-in-fa Taylor	act for Ad	rian	03/11/2013						

## **Explanation of Responses:**

\*\*Signature of Reporting Person

\* 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).

Restricted shares of common stock, par value \$0.0001 per share, of American Apparel, Inc. (the "Company") granted pursuant to the
(1) Company's 2011 Omnibus Stock Incentive Plan. One-third of the shares will vest on each of March 1, 2014, 2015 and 2016; provided, that if the reporting person ceases to be an employee of the Company, any shares that are unvested at such time will be forfeited.

Date

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.