Edgar Filing: Vitamin Shoppe, Inc. - Form 4

Vitamin Shop	pe, Inc.									
Form 4 October 13, 20	015									
Check this if no longe	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287 January 31, 2005	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Estimated average burden hours per response 0.5				
(Print or Type Re	esponses)									
1. Name and Ad BOWLIN JO	suer Name and ol min Shoppe,			g	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (N	te of Earliest Tra	ansaction			(Check all applicable)				
300 HARMC	ON MEADOW E		th/Day/Year) 0/2015				X_ Director Officer (give below)		6 Owner er (specify	
			mendment, Date Original /lonth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
SECAUCUS	, NJ 07094						Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	able I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. e, if Transactio Code ear) (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3, Amount	ties l (A) o l of (D 4 and (A) or	or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/10/2015		М	353	A	\$0	6,457	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)

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. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	10/10/2015		М	353	(2)	(2)	Common Stock	353	\$ C

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Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o when runne / runress	Director	10% Owner	Officer	Other			
BOWLIN JOHN D 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094	Х						
Signatures							
/s/ Brenda M. Galgano, as Attorney-In-Fact		10/13/20	15				
**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) Each restricted stock unit granted represents a contingent right to receive one share of Common Stock.
- On October 10, 2014, the reporting person was granted 353 restricted stock units vesting on the first anniversary of the grant date. The
 (2) remaining 1,410 restricted stock units were part of a grant on July 2, 2015 and vest in equal installments of 470 shares each on January 2, 2016, April 2, 2016 and July 2, 2016.

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.