## Edgar Filing: SpartanNash Co - Form 4

SpartanNash	Co											
Form 4	16											
March 03, 20												
FORM	$ 4 _{\text{UNITED}}$	) STATES	SECUE	ITIES AI	ND FY(	'H A F	NCF	COMMISSION	OMB APPROVAL			
	UNITEL	JSIAIL		hington, 1			NGE V		OMB Number:	3235-0287		
Check this	s box		v v u S	inigion, i	D.C. 20.	<b></b> /				January 31,		
-	if no longer subject to STATEMENT OF CHANG				BENEFI	CIA	LOW	<b>NERSHIP OF</b>	Expires:	2005		
subject to Section 16					ITIES			Estimated average burden hours per				
Form 4 or								response 0				
Form 5	Filed pu	ursuant to	Section 16	b(a) of the	Securiti	es Ex	xchang	ge Act of 1934,				
obligation may conti				•	•	- ·		of 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment (	Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
(												
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of Re								Reporting Person(s) to				
HACKER DOUGLAS A Symbol				Nash Co [SPTN]				Issuer				
								(Check all applicable)				
(Last)	(First)	(Middle) 3. Date of			insaction			(Check an applicable)				
C/0 850 - 76TH STREET SW         (Month/Da           03/02/20				/Day/Year) /2016				_X_Director10% Owner Officer (give titleOther (specify below) below)				
												(Street) 4. If Amene Filed(Month
Applicable Line)												
				_X_ Form filed by One Reporting Person								
GRAND RA	PIDS, MI 495	18						Form filed by M Person	Aore than One Ro	eporting		
(City)	(State)	(Zip)	Table	I Non De		loouri	tios A a	quired, Disposed o	f or Bonoficia	lly Ownod		
175.41	от <i>с</i> р						ues Au			-		
1.Title of Security	2. Transaction Date 2. (Month/Day/Year) E		on Date, if	3. 4. Securities TransactionAcquired (A) or			r	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	(110110112 uj) 100	any	,		Code Disposed of (D)				(D) or	Beneficial Ownership		
		(Month/	/Day/Year) (Instr. 8) (Instr. 3,			,,		Owned	Indirect (I)			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	03/02/2016			А	3,828	A	\$0	26,493	D			
Stock (1)	03/02/2010			A	5,020	A	φU	20,495	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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. ionNumbr		6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monul/Day/Teat)	(Month/Day/Year)	Code (Instr. 8)	of Deriva Securi Acquin (A) or Dispos of (D) (Instr.	1			Under Securi	lying	Security (Instr. 5)	Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (	· /	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HACKER DOUGLAS A C/0 850 - 76TH STREET SW GRAND RAPIDS, MI 49518	Х							
Signatures								
/s/ Daniel C. Persinger, By Pow Attorney	03/03/2016							
<u>**</u> Signature of Reporting Persor	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).

Reports the grant of shares of restricted stock under the SpartanNash Company Stock Incentive Plan of 2015 ("Plan"). These shares will

(1) vest on March 2, 2017. Prior to vesting, these shares will remain subject to restrictions in accordance with the Plan and the terms of the grant.

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.