## Edgar Filing: INTERFACE INC - Form 4

| Form 4                                                           | 2 INC                                                         |                     |                      |                                                            |                    |        |               |                                                                                                                                 |                                                                                   |            |  |
|------------------------------------------------------------------|---------------------------------------------------------------|---------------------|----------------------|------------------------------------------------------------|--------------------|--------|---------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|--|
| January 14, 2                                                    | 011                                                           |                     |                      |                                                            |                    |        |               |                                                                                                                                 |                                                                                   |            |  |
| FORM                                                             | <b>4</b>                                                      |                     | CECUD                | TTIEC A                                                    |                    | TT 4 N |               | COMMERION                                                                                                                       |                                                                                   | PROVAL     |  |
|                                                                  | UNITE                                                         | DSIAIES             |                      | hington,                                                   |                    |        | IGE (         | COMMISSION                                                                                                                      | OMB<br>Number:                                                                    | 3235-0287  |  |
| Check thi<br>if no long<br>subject to<br>Section 10<br>Form 4 or | 6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP<br>SECURITIES |                     |                      |                                                            |                    |        |               | NERSHIP OF                                                                                                                      | Expires: January 3<br>200<br>Estimated average<br>burden hours per<br>response 0. |            |  |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).  | nue. Section 1                                                | 7(a) of the         | Public Ut            |                                                            | ing Com            | pany   | Act of        | e Act of 1934,<br>f 1935 or Section<br>40                                                                                       | ·                                                                                 |            |  |
| (Print or Type R                                                 | esponses)                                                     |                     |                      |                                                            |                    |        |               |                                                                                                                                 |                                                                                   |            |  |
| LYNCH PATRICK C Symbol                                           |                                                               |                     | Symbol               | ner Name <b>and</b> Ticker or Trading<br>RFACE INC [IFSIA] |                    |        |               | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                                   |                                                                                   |            |  |
| (Last)                                                           | (First)                                                       | (Middle)            | 3. Date of           | Earliest Tra                                               | insaction          |        |               | (Chee                                                                                                                           | k an applicable                                                                   | <i>(</i> ) |  |
|                                                                  |                                                               |                     | (Month/D<br>01/12/20 | h/Day/Year)<br>2/2011                                      |                    |        |               | Director       10% Owner        X Officer (give title       Other (specify below)         below)       Sr. Vice President & CFO |                                                                                   |            |  |
|                                                                  | (Street) 4. If Amendm<br>Filed(Month/E                        |                     |                      |                                                            | -                  |        |               | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person                         |                                                                                   |            |  |
| ATLANTA,                                                         | GA 30339                                                      |                     |                      |                                                            |                    |        |               | Form filed by M<br>Person                                                                                                       | Iore than One Re                                                                  | porting    |  |
| (City)                                                           | (State)                                                       | (Zip)               | Table                | e I - Non-Do                                               | erivative S        | ecurit | ies Acq       | uired, Disposed of                                                                                                              | , or Beneficial                                                                   | ly Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)                             | 2. Transaction I<br>(Month/Day/Ye                             | ar) Executio<br>any | on Date, if          | 3.<br>Transactio<br>Code<br>(Instr. 8)                     | n(A) or Dis<br>(D) | sposed | of            | Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)                                                  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)              |            |  |
| Class B<br>Common<br>Stock                                       | 01/12/2011                                                    |                     |                      | Code V<br>A                                                | Amount<br>30,000   | (D)    | Price<br>\$ 0 | (Instr. 3 and 4)<br>156,616 ( <u>1)</u>                                                                                         | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                            |

## **Reporting Owners**

| Reporting Owner Name / Address                                                            | Relationships |           |                          |       |  |  |  |
|-------------------------------------------------------------------------------------------|---------------|-----------|--------------------------|-------|--|--|--|
|                                                                                           | Director      | 10% Owner | Officer                  | Other |  |  |  |
| LYNCH PATRICK C<br>2859 PACES FERRY ROAD<br>OVERLOOK III, SUITE 2000<br>ATLANTA, GA 30339 |               |           | Sr. Vice President & CFO |       |  |  |  |
| Signatures                                                                                |               |           |                          |       |  |  |  |
| /s/ David B. Foshee, Attorney<br>in Fact                                                  |               | 01/13/201 | 1                        |       |  |  |  |
| **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) A substantial number of such shares are restricted shares subject to a risk of forfeiture under certain circumstances.

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.