Edgar Filing: STAMPS.COM INC - Form 4

STAMPS.C	OM INC										
Form 4	_										
June 19, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								NT.	OMB APPROVAL		
								Number:	3235-	-0287	
Check th					,			Expires:	Janua	-	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								· ·	Estimated average		
Section 16. SECURITIES								burden hours per			
Form 4 c Form 5	Form 4 or								response 0.5		
obligatio							nge Act of 1934,				
may con	tinue. Section 17			•	•	ompany Act any Act of 1	t of 1935 or Secti	on			
See Instr 1(b).	uction	50(II)	or the fi	livestillelli	i Comp	ally Act of I	1940				
1(0).											
(Print or Type]	Responses)										
1 Nama and A	ddaaa of Daaratiaa	D *					5 Deletionshin	f D	(-) +-		
	Address of Reporting	Person_	2. Issuer Name and Ticker or Trading				J. Relationship of Issuer	of Reporting Per	Reporting Person(s) to		
JOILD O L			Symbol STAM	PS COM	INC IS	TMPI					
(I t)	(First) (STAMPS.COM INC [STMP]					(Check all applicable)				
(Last)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)				_X_ Director 10% Owner					
				2015			Officer (give title Other (specify				
			00,1112010				below) below)				
				endment, D	-	inal	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line X Form filed							** ·	One Reporting Person			
EL SEGUNDO CA 90245 — Form fi							Form filed by	by More than One Reporting			
		(7:)					Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	lly Owne	d	
1.Title of	2. Transaction Date			3.	4. Secu		5. Amount of	6. Ownership	7. Nature	e of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactio Code		ed (A) or ed of (D)	Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficia	al	
(11041-0)		(Month/Da	ay/Year)	(Instr. 8)		3, 4 and 5)	Owned	(I)	Ownersh		
							Following Reported	(Instr. 4)	(Instr. 4)		
						(A)	Transaction(s)				
				Code V	Amour	or nt (D) Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each cla	ass of sec	urities bene	-	-	-				
							spond to the colle tained in this form		SEC 1474 (9-02)		
					req	uired to resp	ond unless the fo	rm	()-02)		
					-	-	ntly valid OMB co	ntrol			
					nun	nber.					

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired		

	Derivative Security				(A) orDisposed(D)(Instr. 3, and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Common Stock)	\$ 70.77	06/17/2015		А	5,000 (1)		06/17/2015	06/17/2025	Common Stock	5,000
Reporting Owners										
Reporting Ov	wner Name / Ad	dress	Relationshi	ips						
		Director	10% Owner	Officer Oth	er					
JONES G B 1990 E. GR EL SEGUN		5 X								
Signatu	ures									
Matthew A. Lipson, by Power of Attorney for G. Bradford Jones				06/19/2015						
**Signature of Reporting Person			1	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) This option is fully vested and exercisable as of the grant date.
- (2) No purchase price was paid for these options. These options were granted pursuant to the non-employee director automatic option grant program.

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.