MARINEMAX INC Form 4

July 02, 2014 **FORM 4** 

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

0.5

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Allen Frances L.          |                        |                       | Symbol                                | 2. Issuer Name <b>and</b> Ticker or Trading Symbol MARINEMAX INC [HZO]                                  |           |                  |             |   | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) |  |  |  |
|---|------------------------|-----------------------|---------------------------------------|---|-----------|------------------|-------------|---|--|--|--|--|
| (Last) (First) (Middle)   |                        |                       | 3. Date of                            | 3. Date of Earliest Transaction   |           |                  |             |   |  |  |  |  |
| 18167 U.S.<br>NORTH, SI   | HIGHWAY 19<br>UITE 300 | 9                     | (Month/E<br>06/30/2                   | -   |           |                  |             | _X Director<br>Officer (give<br>below)  |  | Owner<br>er (specify   |  |  |
| (Street)  |                        |                       | 4. If Ame                             | 4. If Amendment, Date Original  |           |                  |             |   | 6. Individual or Joint/Group Filing(Check                                |  |  |  |
|   | Filed(Mor              | Filed(Month/Day/Year) |                                       |   |           | Applicable Line) |             |   |  |  |  |  |
| TAMPA, F  | L 33764                |                       |                                       |   |           |                  |             | _X_ Form filed by N<br>Form filed by N<br>Person  | One Reporting Per<br>More than One Re                                    |  |  |  |
| (City)  | (State)                | (Zip)                 | Tabl                                  | e I - Non-D   | erivative | Secur            | ities Acq   | uired, Disposed of  | f, or Beneficial   | ly Owned   |  |  |
| 1.Title of 2. Transaction Date Security (Month/Day/Year) (Instr. 3) |                        | ar) Execu             | eemed<br>tion Date, if<br>h/Day/Year) | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or |           |                  | d of (D)    | Beneficially (D) or<br>Owned Indirect (I)<br>Following (Instr. 4)<br>Reported<br>Transaction(s) |  | 7. Nature o<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |                        |                       |                                       | Code V  | Amount    |                  | Price       | (Instr. 3 and 4)  |  |  |  |  |
| Common<br>Stock   | 06/30/2014             |                       |                                       | A   | 392       | A                | \$<br>16.74 | 1,232   | 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.

SEC 1474

(9-02)

(1)

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

#### Edgar Filing: MARINEMAX INC - Form 4

|                                      | 2.  | 3. Transaction Date |   | 4.                             | 5.   | 6. Date Exerc       |                    | 7. Titl                            |  | 8. Price of                          | 9. Nu   |
|--------------------------------------|---|---------------------|---|--------------------------------|--|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if any (Month/Day/Year) | Transact<br>Code<br>(Instr. 8) | orNumber<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | <b>:</b>            |                    | Amou<br>Under<br>Securi<br>(Instr. | lying                                  | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<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 |  |  |  |
| Allen Frances L.<br>18167 U.S. HIGHWAY 19 NORTH<br>SUITE 300<br>TAMPA, FL 33764 | X             |           |         |       |  |  |  |

### **Signatures**

Michael H. McLamb, Attorney-in-Fact for Frances L.

Allen

\*\*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) The shares were issued to the reporting person representing a part of the quarterly portion of the director's annual retainer fee.

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.

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