Vitamin Shoppe, Inc. Form 3 March 02, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF 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

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Marmol Guillermo | Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol Vitamin Shoppe, Inc. [VSI] | | | | | | |
|--|--|--|---|--|--|--|--|--|
| (Last) (First) (Middle C/O VITAMIN SHOPPE INC., 300 HARMON MEADOW BLVD. | 02/29/2016 | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable | Filed(Month/Day/Year) | | | | | |
| (Street) SECAUCUS, NJ 07094 | | XDirector10% OfficerOthe (give title below) (specify bel | of marriadar of yound Group | | | | | |
| (City) (State) (Zip) | Table I - I | Table I - Non-Derivative Securities Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 4) | 2. Amount o Beneficially (Instr. 4) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | | |
| Reminder: Report on a separate line for owned directly or indirectly. | r each class of securities benefic espond to the collection of | SEC 14/3 (7-0. | 2) | | | | | |
| Persons who | espond to the collection of | | | | | | | |

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
|---|---------------------|--|-------|---|--|---|--|
| | Date Exercisable | Expiration Date | Title | Amount or Number of | Derivative Security | Security: Direct (D) | |

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|-----------|---------------|-----------|---------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Marmol Guillermo C/O VITAMIN SHOPPE INC. 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094 | | ÂX | Â | Â | Â | | |
| Signatures | | | | | | | |
| /s/ David M. Kastin | 03/02/201 | 16 | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | |

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

Exhibit 24 - Power of Attorney

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.