Edgar Filing: Vitamin Shoppe, Inc. - Form 4

Vitamin Shop	ope, Inc.										
Form 4											
March 10, 20	16										
FORM	UNITEDS	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL MB 3235-028 umber:	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATEM 5. Filed purs ¹⁵ Section 17(a	STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940							January 3Expires:200Estimated averageburden hours perresponse0		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> LAMADRID DAN			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			Vitamin	Shoppe,	Inc. [VS]	[]		(Che	ck all applicable	e)	
(Last)	(First) (M	iddle)	3. Date of	Earliest Tra	insaction			× ×	11	,	
	IIN SHOPPE, ING MEADOW BLVI		(Month/Da 03/08/20	-				Director X Officer (giv below)		6 Owner er (specify	
(Street) 4. If Am			4. If Amen	nendment, Date Original			6. Individual or Joint/Group Filing(Check				
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	, 113 07094							Person			
(City)	(State) (Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any Code (Month/Day/Year) (Inst			(A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Coue V		(D)	Price				
Stock, par value \$0.01	03/08/2016			А	2,197 (1)	А	\$0	26,770	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)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	7 (A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 30.26	03/08/2016		А	8,012	(2)	03/08/2026	Common Stock, par value \$0.01	8,012	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LAMADRID DAN C/O VITAMIN SHOPPE, INC. 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094			See Remarks				
Signatures							
/s/ David M. Kastin, as		03/10/2016					

Attorney-In-Fact

**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) These shares of restricted stock vest in two equal annual installments, commencing on March 8, 2018, the second anniversary of the grant date.
- (2) These options vest in three equal annual installments, commencing on March 8, 2017, the first anniversary of the grant date.

Remarks:

Senior Vice President, Chief Accounting Officer

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.