## Edgar Filing: JACULLO PETER J III - Form 4

JACULLO P Form 4 July 26, 2017										
FORM	<b>4</b> UNITED ST	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	<ul> <li>Box</li> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,</li> <li>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section</li> <li>and the Investment Company Act of 1940</li> </ul>						January 31, 2005 average rs per 0.5			
(Print or Type Responses)										
1. Name and Ad JACULLO F	ddress of Reporting Pe PETER J III	Symbol	r Name <b>and</b> Ticker or HOP HOLDINGS	C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O TILE SI INC., 14000 PARKWAY	HOP HOLDINGS CARLSON	(Month/I	f Earliest Transaction Day/Year) 2017		XDirector10% Owner Officer (give titleOther (specify below) below)					
	(Street)	treet) 4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PLYMOUTI	H, MN 55441				Form filed by M Person	Iore than One Re	porting			
(City)	(State) (Z	Zip) Tab	le I - Non-Derivative	Securities Acc	quired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	· · ·	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction(A) or D	(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 Stock	07/24/2017		P 10,000	A <sup>\$</sup> 13.9	300,826 <u>(1)</u>	D				
Common Stock					4,441,180	I	By JWTS, Inc. $(2)$			

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.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

JACULLO PETER J III

**Reporting Owner Name / Address** 

C/O TILE SHOP HOLDINGS, INC.

14000 CARLSON PARKWAY PLYMOUTH, MN 55441

Signatures /s/ John R. Houston as Attorney-in-Fact for Peter J. Jacullo III pursuant to Power of Attorney 07/26/2017 previously filed.

Relationships

10% Owner Officer Other

\*\*Signature of Reporting Person

Director

X

## **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).
- Includes 5,038 shares of restricted stock granted pursuant to the Company's 2012 Omnibus Award Plan, which are subject to a purchase (1) option in favor of the Company until the earlier of (a) the date of the Company's next annual meeting of stockholders and (b) July 13, 2018.

These securities are owned by JWTS, Inc. The reporting person is the sole director of JWTS, Inc. The reporting person disclaims

(2) beneficial ownership of these securities except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for Section 16 or any other purpose.

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.

Date