#### HELEN OF TROY LTD

Form 4 June 03, 2016

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or

Check this box

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).

Common Shares, par

value \$0.10 per share

06/01/2016

(Print or Type Responses)

1. Name and Address of Reporting Person * DAVERN ALEXANDER M			erson * 2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer			
			HELEN OF TROY LTD [HELE]			(Check all applicable)			
	(Last)	(First) (Mi	iddle) 3. Date of	Earliest Tra	ansaction				
			(Month/D	ay/Year)		_X_ Director		% Owner	
1 HELEN OF TROY PLAZA			06/01/20	06/01/2016			ve titleOther (specify below)		
(Street)			4. If Amer	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check		
			Filed(Mon	th/Day/Year)		Applicable Line) _X_ Form filed b	y One Reporting Po	erson	
EL PASO, TX 79912							Form filed by More than One Reporting Person		
	(City)	(State) (Z	Zip) Table	e I - Non-D	erivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities	5. Amount of	6. Ownership	7. Nature of	
	Security	(Month/Day/Year)	Execution Date, if	Transaction	onAcquired (A) or	Securities	Form: Direct	Indirect	
	(Instr. 3)		any	Code	Disposed of (D)	Beneficially	(D) or	Beneficial	
			(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
					(A)	Reported			
					or	Transaction(s)			
						(Instr 3 and 4)			

Code V Amount (D)

170

Α

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

D

1,733

Price

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

### Edgar Filing: HELEN OF TROY LTD - Form 4

8. P Der Sec (Ins

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. 5. TransactionNumber Code of (Instr. 8) Derivati Securitie Acquiree (A) or Disposed of (D) (Instr. 3, 4, and 5)		;		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common share tax-offset right	(2)	06/01/2016		A	0 (2)	06/01/2016	06/01/2016	Common share tax-offset right	0 (2)
Common share tax-offset right	(2)	06/01/2016		X	0	06/01/2016	06/01/2016	Common share tax-offset right	0 (2)

### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
1 0	Director	10% Owner	Officer	Other	
DAVERN ALEXANDER M 1 HELEN OF TROY PLAZA	X				
EL PASO, TX 79912	Λ				

## **Signatures**

Vincent D. Carson as Attorney-in-Fact for Alexander M.
Davern

06/03/2016

\*\*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) Grant of restricted stock, which vested immediately and is accompanied by a tax-offset right.
- (2) The accompanying tax-offset right entitles the reporting person to receive, upon vesting of the restricted stock, a cash amount to pay certain tax liabilities incurred in connection with the event.

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.

Reporting Owners 2