#### CASE THURMAN K

Form 4

September 05, 2017

## FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

1(b).

per share

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * CASE THURMAN K			2. Issuer Name and Ticker or Trading Symbol HELEN OF TROY LTD [HELE]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Mi	iddle) 3.	Date of I	Earliest Tra	nsaction			(Check all applicable)		
` ,			Ionth/Da					_X_ Director	10%	Owner
1 HELEN OF TROY PLAZA			09/01/2017				Officer (give title below) Other (specify below)			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting			
EL PASO, T	X 79912							Person	More than One Re	eporting
(City)	(State) (Z	Zip)	Table	I - Non-De	rivative S	ecuri	ties Acc	quired, Disposed o	of, or Beneficial	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	d	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if		TransactionAcquired (A) or				Securities	Form: Direct	Indirect
(Instr. 3)	any		·/Vaan)	Code	Disposed of (D)			Owned Inc Following (In	(D) or	Beneficial
		(Month/Day/Year)		(Instr. 8)	(Instr. 3, 4 and 5)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
						(A)		Reported Transaction(s)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common										
Shares, par value \$0.10	09/01/2017			A	193	A	( <u>1</u> ) ( <u>2</u> )	559	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)

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

#### Edgar Filing: CASE THURMAN K - Form 4

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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)	any Code of (Month/Day/Year) (Instr. 8) De Sec Ac (A Discontinuous of (Instr. 8)		onNumber of	Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			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)	09/01/2017		A	0 (2)	09/01/2017	09/01/2017	Common share tax-offset righ	0 (2)	
Common share tax-offset right	(2)	09/01/2017		X	0	09/01/2017	09/01/2017	Common share tax-offset right	0 (2)	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CASE THURMAN K 1 HELEN OF TROY PLAZA EL PASO, TX 79912	X					

## **Signatures**

Vincent D. Carson as Attorney-In-Fact for Thurman
Case
09/05/2017

\*\*Signature of Reporting Person

## **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).

Date

- (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.

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