## Edgar Filing: ESCALADE INC - Form 4

ESCALAD Form 4	E INC									
June 13, 20	11									
FORM			CUDITIES			ANCEO	OMMESION		APPROVAL	
UNITED STATE			S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287	
Check this box if no longer STATEMENT		MENT OF CI	IANCES IN	N RENEI	FICI		NEDSHID OF	Expires:	January 31, 2005	
subject to STATEMENTO Section 16. Form 4 or				RITIES	r ICI.	AL OWI	VERSHIF OF	Estimated burden ho response.	ours per	
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17			olding Co	mpai	ny Act of	1935 or Section	n		
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u></u> GRIFFIN ROBERT E			2. Issuer Name <b>and</b> Ticker or Trading Symbol ESCALADE INC [ESCA]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction				(Check all applicable)			
817 MAXWELL AVENUE			(Month/Day/Year) 06/10/2011				X_ DirectorX_ 10% Owner Officer (give titleOther (specify below) below)			
EVANSVI	(Street)		Amendment, l d(Month/Day/Ye	-	nal		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting	Person	
(City)	(State)	(Zip)	Table T. Nissa	Destad	G	•.••	Person	• • • • • • • • •		
1.Title of Security (Instr. 3)	of 2. Transaction Date 2A. Deemed y (Month/Day/Year) Execution Date		Pate, if Transaction Disposed of (D) Code (Instr. 3, 4 and 5) /Year) (Instr. 8) (A)				. –	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	06/10/2011		Р	3,920	А	\$ 6.1602	1,008,112 (1)	Ι	Family Limited Partnership	
Common Stock	06/10/2011		Р	13,300	А	\$ 5.9878	1,021,412 <u>(1)</u>	Ι	Family Limited Partnership	
Common Stock							350,997.629	D		
Common Stock							1,800,000 <u>(1)</u>	I	Family Limited Liability Company	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	•		Number		
				~	(1) (5)			of			
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Addre	SS	Relationships						
		10% Owner	Officer	Other				
GRIFFIN ROBERT E 817 MAXWELL AVENUE EVANSVILLE, IN 47717	Х	Х						
Signatures								
/s/ Robert Griffin	06/13/2011							

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Mr. Robert Griffin disclaims beneficial ownership in shares held by the family limited partnership and the family limited liability

(1) company except to the extent of his pecuniary interest therein. All shares held by the family limited partnership and the family limited liability company are also deemed to be beneficially owned by Mr. Patrick Griffin, the son of Mr. Robert Griffin which shares previously have been, and continue to be, included by Mr. Patrick Griffin in his Section 16 reports.

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.

<u>\*\*</u>Signature of Reporting Person