Edgar Filing: JENNESS JAMES M - Form 4

JENNESS JA Form 4	AMES M										
August 01, 20	018										
FORM	4									PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or Form 5	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31, 2005 Estimated average burden hours per response 0.5				
obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1	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									
(Print or Type R	Responses)										
JENNESS JAMES M Symbol			r Name and Ticker or Trading e Brands Holdings, Inc.				5. Relationship of Reporting Person(s) to Issuer				
			U	brunds 11	ioranigo,	11101		(Check all applicable)			
660 WHITE PLAINS ROAD (Month/ 07/31/2 (Street) 4. If Am			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2018					X Director 10% Owner Officer (give title Other (specify below) below)			
			4. If Amen	Amendment, Date Original l(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
TARRYTO	WN, NY 1059	1							More than One Ro		
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution any	emed on Date, if Day/Year)	3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock, par value \$0.01 per share	07/31/2018			А	3,779 (1)	A	\$0	14,876	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)

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

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other JENNESS JAMES M 660 WHITE PLAINS ROAD Х TARRYTOWN, NY 10591 Signatures

/s/ James M. Jenness by William P'Pool attorney-in-fact pursuant to power of attorney dated May 8, 2017 on file with the Commission

**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).

The Reporting Person received 3,779 restricted stock units (equal to \$135,000 divided by the closing stock price of \$35.73 on July 31, 2018) in connection with the Issuer's director compensation arrangement. The restricted stock units vest immediately upon execution and

(1) acceptance of the award and shall be settled by delivery to the Reporting Person of one share of common stock of the Issuer for each vested restricted stock unit promptly following the earliest of the Reporting Person's (i) death, (ii) disability or (iii) the six-month anniversary of the date on which the Reporting Person's Board membership ceases for reasons other than death or disability.

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.

08/01/2018

Date