## Edgar Filing: OLIVER KATHERINE - Form 4

OLIVER KA	ΓHERINE										
Form 4 December 19	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549									32.32-028		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed provident	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31Expires:200Estimated averageburden hours perresponse0.3	
(Print or Type Re	esponses)										
OLIVER KATHERINE Symbol 1 800 F			Symbol 1 800 FL	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	[FLWS] 3. Date of	Earliest Tra	rliest Transaction			X Director 10% Owner			
(Month/DaONE OLD COUNTRY12/11/20ROAD, SUITE 500				below)				e title Oth below)	er (specify		
	(Street) 4. If Amer Filed(Mont				-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CARLE PLA	CE, NY 1151	4						Person	whole than one K	eporting	
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Aco	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	med on Date, if Day/Year)	Code	4. Securi onAcquired Disposed (Instr. 3,	(A) of (D of (C 4 and (A)	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A Common Stock	12/11/2017			Code V A	Amount 4,186	or (D) A	Price \$ 0 (1)	(Instr. 3 and 4) 8,140	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)	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 Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
OLIVER KATHERINE ONE OLD COUNTRY ROA SUITE 500 CARLE PLACE, NY 11514	X							
Signatures								
/s/Katherine Oliver	12/19/2017							
**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).
- The Restricted Shares were issued under Ms. Oliver's compensation package as a Director of the Company. Each non-employee Director
   (1) of the Company receives on the date of the Annual Shareholders Meeting shares of Class A Common Stock valued at \$45,000 based on the closing price of the stock on the day of the annual meeting of the stockholders and vest on the first anniversary of the grant date.

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.