Edgar Filing: OLIVER KATHERINE - Form 4

OLIVER KA	THERINE										
Form 4											
May 21, 201	8										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check this box				0 /					Expires:	January 31,	
if no long subject to		EMENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	Estimated average burden hours per		
Section 1				SECUR	ITIES						
Form 4 or									response 0.5		
Form 5	Filed p	oursuant to S	Section 1	6(a) of th	e Securit	ties E	Exchange	e Act of 1934,		0.0	
obligation	ns Section 1						•	1935 or Section	1		
may cont See Instru	inue.		of the In	•	•	· ·	•				
1(b).		()			1	5					
(Print or Type F	Responses)										
1. Name and A	ddress of Reporti	s of Reporting Person <u></u> 2. Issuer			l Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to			
OLIVED VATUEDINE			Symbol	-				Issuer			
•				0 FLOWERS COM INC							
							(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			_X_ Director	10%	Owner	
			/Day/Year)			Officer (give title Other (specify					
ONE OLD COUNTRY 05/18/20			-			below) below)					
ROAD, SUI	TE 500										
	(Street)		4. If Ame	Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
· · · · · · · · · · · · · · · · · · ·			nth/Day/Year)				Applicable Line)				
							X Form filed by One Reporting Person				
CARLE PL	ACE, NY 1151	14						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deer	med	3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities	Form: Direct Indirect			
(Instr. 3)		any (Month/Day/Year)			(Instr. 3,	4 and	5)	Beneficially Owned	< / /	Beneficial	
		(INIOIIUI/I	Day/rear)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(110111-1)	(1115411-1)	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Class A							¢				
Common	05/18/2018			А	2,300	А	\$	10,440	D		
Stock							12.44				

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 / Address		Relationships							
Reporting O where runne / ru	Director	10% Owner	Officer	Other					
OLIVER KATHERINE ONE OLD COUNTRY R SUITE 500 CARLE PLACE, NY 115		Х							
Signatures									
/s/Katherine Oliver	05/2	1/2018							
<u>**</u> 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).

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.