## Edgar Filing: Ruths Hospitality Group, Inc. - Form 4

Ruths Hospit Form 4 March 04, 20	ality Group, Inc.											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB A	OMB APPROVAL		
	UNITED	Washington, D.C. 20549							OMB Number:	urs per		
Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATEM</b> 6. Filed pur <sup>18</sup> Section 17(a	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: Estimated a burden hou response			
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person <u>*</u> Alvarez Giannella			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ruths Hospitality Group, Inc. [RUTH]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O RUTH?S HOSPITALITY GROUP, INC., 1030 W. CANTON AVENUE, STE. 100			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>03/03/2016</li></ul>					X_ Director 10% Owner Officer (give title below) Other (specify below)				
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WINTER PA	ARK, FL 32789							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D	) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/03/2016			А	5,481	А	\$ 0 (1)	5,481	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)

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: Ruths Hospitality Group, Inc. - Form 4

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I Second and the second	Director	10% Owner	Officer	Other			
Alvarez Giannella C/O RUTH?S HOSPITALITY GROUP, INC. 1030 W. CANTON AVENUE, STE. 100 WINTER PARK, FL 32789	Х						
Signatures							
/s/ James S. Rowe, under Power of Attorney	03/04/	2016					
**Signature of Reporting Person	Date	e					

## **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).
- (1) Consists of shares of restricted stock granted pursuant to the company's Amended and Restated 2005 Long-Term Equity Incentive Plan, which vest pro rata on an annual basis over the three-year period following March 3, 2016, the date of the grant.

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.