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| BUCKLE INC Form 4 December 20, 2015 FORM 4 LUNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | | | |
|--|---|--|---|----------------------|--|--|---------------------------|--|
| (Print or Type R | esponses) | | | | | | | |
| 1. Name and A NELSON D | ddress of Reporting Person , ENNIS H | 2. Issuer Name and Symbol BUCKLE INC [I | | Frading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (Middle) | 3. Date of Earliest Tr (Month/Day/Year) | ransaction | | _X_ Director 10% Owner | | | |
| 2407 W 24T | H STREET | 12/19/2016 | | | XOfficer (give titleOther (specify below) below) PRESIDENT & CEO | | | |
| KEARNEY, | (Street) NE 68845 | 4. If Amendment, Da Filed(Month/Day/Year | - | | Applicable Line) _X_ Form filed by 0 | vidual or Joint/Group Filing(Check able Line) orm filed by One Reporting Person rm filed by More than One Reporting | | |
| (City) | (State) (Zip) | Table I - Non-I | Derivative S | Securities Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. 1 (Month/Day/Year) Exec any (Mon | ution Date, if Transacti Code uth/Day/Year) (Instr. 8) | 4. Securi ionAcquired Disposed (Instr. 3, 7 Amount | l (A) or l of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | | | | | 173,200 | D | | |
| Common Stock | 12/19/2016 | G V | 7 600 | D \$0 | 2,756,105 | I | By Trust | |
| Common Stock | | | | | 67,500 | Ι | By Wife | |
| Common Stock | | | | | 6,694.15 <u>(1)</u> | I | Held by 401(k) Plan | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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 Exer | cisable and | 7. Tit | le and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|--------------|-------------|--------------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amou | int of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | rlying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | 5 | | (Instr. | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | m . 1 | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | | (A) (D) | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------|-------|--|--|--|
| reporting o when reality read on | Director | 10% Owner | Officer | Other | | | |
| NELSON DENNIS H 2407 W 24TH STREET KEARNEY, NE 68845 | Х | | PRESIDENT & CEO | | | | |
| Signatures | | | | | | | |
| Karen B. Rhoads by Power of Attorney | 12/20/2016 | | | | | | |
| **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).

(1) Holdings as of 11/30/2016, as reported by plan administrator.

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.