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

Ruths Hospi Form 4 March 13, 2	itality Group, Inc. 015										
FORM	OMB AF	OMB APPROVAL									
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check th if no lon subject t Section 4 Form 4	ger o STATEMI 16. or	statement of changes in Beneficial Owners							January 31, 2005 verage rs per 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations May continue. See Instruction See Instruction I(b). Form 5 obligations May continue. See Instruction I(b). Form 5 obligations May continue. See Instruction I(b). Form 5 Other Content (Content (
(Print or Type Responses)											
1. Name and A ODONNEL					5. Relationship of Reporting Person(s) to Issuer						
		Ruth [RU]	s Hospitalit [H]	y Group,	Inc.		(Check all applicable)				
(Last)	(First) (Mi			of Earliest Transaction				_X_ Director 10% Owner _X_ Officer (give title Other (specify			
C/O RUTH'S HOSPITALITY 03/11/2015 Officer (give thite Other (specify below) GROUP, INC., 1030 W. CANTON 03/11/2015 President, CEO and Director AVENUE, STE. 100 100 100											
				amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WINTER PARK, FL 32789 Form filed by More than One Reporting Person											
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			Code	4. Securit or(A) or Di (Instr. 3, 4	sposed	l of (D)	Owned(D) orFollowingIndirect (I)Reported(Instr. 4)Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
G			Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common Stock	03/11/2015		F	4,388	D	15.09 (1)	884,305	D			
Common Stock	03/13/2015		S	10,000	D	\$ 15.14 (2)	874,305	D			
Common Stock							1,000	Ι	By Wife's IRA		

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
				of (D)						(Instr
				(Instr. 3, 4, and 5)						
				4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ODONNELL MICHAEL P C/O RUTH'S HOSPITALITY GROUP, INC. 1030 W. CANTON AVENUE, STE. 100 WINTER PARK, FL 32789	Х		President, CEO and Director				
Signatures							
/s/ James S. Rowe, under Power of Attorney	03/13	/2015					
**Signature of Reporting Person	Da	te					

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) The reported disposition represents the withholding of shares to cover tax obligations arising from the vesting of restricted stock.

(2) The reported disposition represents the sale of shares to cover tax obligations arising from the vesting of restricted stock.

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.