**BAGLIVO MARY** Form 4 March 13, 2018

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

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Form filed by More than One Reporting

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **BAGLIVO MARY** Issuer Symbol Ruths Hospitality Group, Inc. (Check all applicable) [RUTH] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner Officer (give title \_ Other (specify (Month/Day/Year) below) 1030 W. CANTON AVE. STE 100 03/13/2018 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person

#### WINTER PARK, FL 32789

| (City)              | (State) (2          | Table                   | I - Non-De | erivative S                       | Securi | ties Ac     | quired, Disposed           | of, or Beneficial   | lly Owned              |
|---------------------|---------------------|-------------------------|------------|-----------------------------------|--------|-------------|----------------------------|---------------------|------------------------|
| 1.Title of          | 2. Transaction Date |                         | 3.         | 4. Securi                         |        |             | 5. Amount of               | 6. Ownership        | 7. Nature of           |
| Security (Instr. 3) | (Month/Day/Year)    | Execution Date, if      | Code       | onAcquired (A) or Disposed of (D) |        |             | Securities<br>Beneficially | Form: Direct (D) or | Indirect<br>Beneficial |
| (Ilisu. 3)          |                     | any<br>(Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5)               |        | Owned       | Indirect (I)               | Ownership           |                        |
|                     |                     | (Mondia Buyi Tear)      | (Instr. 0) | (1115117-5)                       |        |             | Following                  | (Instr. 4)          | (Instr. 4)             |
|                     |                     |                         |            |                                   | (A)    |             | Reported                   |                     |                        |
|                     |                     |                         |            |                                   | or     |             | Transaction(s)             |                     |                        |
|                     |                     |                         | Code V     | Amount                            | (D)    | Price       | (Instr. 3 and 4)           |                     |                        |
| Common<br>Stock     | 03/13/2018          |                         | A          | 3,889                             | A      | \$ 0<br>(1) | 8,376                      | D                   |                        |

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: BAGLIVO MARY - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.                | 5.         | 6. Date Exerc   | cisable and | 7. Title | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------------|------------|-----------------|-------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber |            | Expiration Date |             | Amou     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code              | of         | (Month/Day/     | Year)       | Underl   | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)        | Derivative | e               |             | Securit  | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                   | Securities |                 |             | (Instr.  | 3 and 4) |             | Own    |
|             | Security    |                     |                    |                   | Acquired   |                 |             |          |          |             | Follo  |
|             | Ĭ           |                     |                    |                   | (A) or     |                 |             |          |          |             | Repo   |
|             |             |                     |                    |                   | Disposed   |                 |             |          |          |             | Trans  |
|             |             |                     |                    |                   | of (D)     |                 |             |          |          |             | (Instr |
|             |             |                     |                    |                   | (Instr. 3, |                 |             |          |          |             | Ì      |
|             |             |                     |                    |                   | 4, and 5)  |                 |             |          |          |             |        |
|             |             |                     |                    |                   |            |                 |             |          |          |             |        |
|             |             |                     |                    |                   |            |                 |             |          | Amount   |             |        |
|             |             |                     |                    |                   |            | Date            | Expiration  |          | or       |             |        |
|             |             |                     |                    |                   |            | Exercisable     | Date        |          | Number   |             |        |
|             |             |                     |                    |                   |            | 2.1010154010    | 2410        |          | of       |             |        |
|             |             |                     |                    | Code V            | (A) (D)    |                 |             |          | Shares   |             |        |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

BAGLIVO MARY
1030 W. CANTON AVE. STE 100

X
WINTER PARK, FL 32789

# **Signatures**

/s/ Alice G. Givens, under Power of Attorney 03/13/2018

\*\*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) 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 13, 2018, the date of 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.

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