Edgar Filing: SYKES ENTERPRISES INC - Form 4

| SYKES ENT Form 4 August 20, 20 | ERPRISES IN 015 | ΊC | | | | | | | | | |
|---|---|--|--|---|------------|--------------------|---|--|---|---------------------|--|
| FORM | UNITE | STATED STATES SECONTIES AND EXCHANCE CONTRISSION Washington, D.C. 20549 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 20(b) of the Investment Company Act of 1940 | | | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b). | er STATI 6. Filed p ¹⁵ Section 1 | | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| MUIR WILLIAM D JR Sy | | | Symbol SYKES | 2. Issuer Name and Ticker or Trading Symbol SYKES ENTERPRISES INC [SYKE] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month | | | | of Earliest Transaction /Day/Year) /2015 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | (Street) | | 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 Form filed by More than One Reporting | | | | |
| TAMPA, FL | | | | | | | | Person | lore than One Re | porung | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | 4 and (A) or | d 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) | Indirect | |
| Common Stock | 08/20/2015 | | | А | 244 | А | \$ 25.33 | 6,213 | 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8 | Securitie Acquirec (A) or Disposec of (D) (Instr. 3, | Expiration I (Month/Day /e s l | Expiration Date (Month/Day/Year) | | le and int of tlying ities 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|------------------------------------|---|--|-------------------------------------|-------|---|---|--|
| | | | Code | 4, and 5) V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| MUIR WILLIAM D JR 400 N. ASHLEY DRIVE, SUITE 2800 TAMPA, FL 33602 | Х | | | | | |
| Signatures | | | | | | |
| /s/ James T. Holder, attorney-in-fact for Muir Jr. | | 08/20/2015 | | | | |
| **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.