LUBYS INC Form 4 January 27, 2015

FORM 4

UNITED 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 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

1(b).

(Last)

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * TROPOLI PETER

(First) (Middle)

13111 NORTHWEST FREEWAY, SUITE 600

HOUSTON, TX 77040

(Street)

2. Issuer Name and Ticker or Trading Symbol

LUBYS INC [LUB]

3. Date of Earliest Transaction

(Month/Day/Year) 01/23/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

Person Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State) (Zip)

1.Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

4. Securities

(A)

Following Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

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 Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amou Underlying Securi (Instr. 3 and 4)

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3235-0287

January 31,

2005

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Operating Officer

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(T)

(Instr. 4)

below)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Issuer

below)

5. Amount of

Securities

Owned

Beneficially

_X__ Director

Applicable Line)

X_ Officer (give title

Estimated average

burden hours per

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Disposed o (Instr. 3, 4, 5)	f(D)				
				Code V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amo Num Shar
Restricted Stock Unit	<u>(1)</u>	01/23/2015		A	7,500		(2)	(2)	Common Stock	7,
Employee Stock Option (Right to Buy) (3)	\$ 4.49	01/23/2015		A	109,290		01/23/2018(4)	01/23/2025	Common Stock	109

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of their reality realities	Director	10% Owner	Officer	Other			
TROPOLI PETER 13111 NORTHWEST FREEWAY SUITE 600 HOUSTON, TX 77040	X		Chief Operating Officer				

Signatures

/s/ Peter A.
Tropoli

**Signature of Reporting Person

O1/27/2015

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) Each restricted stock unit represents a conditional right to receive one share of the Company's Common Stock.
- (2) The restricted stock units vest on January 23, 2018 or as subject to the terms of the award agreement.
- (3) These employee stock options were granted on January 23, 2015 and will become fully vested on January 23, 2018.
- (4) These stock options vest as follows: 50% on the first anniversary of the grant date, 25% on the second anniversary of the grant date and 25% on the third anniversary of the grant date.

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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