## Edgar Filing: EDWAB DAVID H - Form 4

EDWAB DA	VID H									
Form 4										
July 05, 2018	3									
							OMB A	PPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSI						COMMISSION	OMB	3235-0287		
Check thi	is box	Wa	ashington,	D.C. 205	549			Number:		
if no long				DENIDEL	CTAI			Expires:	January 31, 2005	
subject to	subject to STATEMENT OF CHANGES IN							Estimated average burden hours per		
Section 10 Form 4 or		SECURITIES								
Form 5		suant to Section	16(a) of th	a Saguriti	os Er	zohona	a Act of 1034	response	0.5	
obligation	<b>1</b> 0	a) of the Public U				•		n		
may conti	inue.	30(h) of the I	•	•	- ·			11		
See Instru 1(b).	iction	50(ii) of the I	nvestment	compan	y met	0117-	10			
1(0).										
(Print or Type R	Responses)									
1		*					5 0 1 4 1 1 6	`D (' D		
1. Name and A EDWAB DA	er Name <b>and</b>				5. Relationship of Reporting Person(s) to Issuer					
LD WAD Dr					155401					
		vitami	n Shoppe, Inc. [VSI]				(Check all applicable)			
(Last)	(First) (M		of Earliest Ti	ransaction						
			th/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	IIN SHOPPE, IN		2018				below)	below)	er (specify	
HARMON	MEADOW BLVI	).								
			endment, Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check			
			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
OF CALIFORN	S. NH 07004							One Reporting Pe fore than One Re		
SECAUCUS	S, NJ 07094						Person		r****8	
(City)	(State)	(Zip) Tal	ole I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	A. Deemed 3. 4. Securities Acquired				5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	1				Securities	Form: Direct		
(Instr. 3)		any (Month/Day/Year)	Code	(Instr. 3, 4	4 and 3	5)	Beneficially		Beneficial	
		(Instr. 8)			Owned Following	Indirect (I)	Ownership			
							Reported	(Instr. 4)	(Instr. 4)	
					(A)		Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/02/2010			10,948		\$	00.000	D		
Stock	07/02/2018		А	<u>(1)</u>	А	6.85	27,076	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				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			
EDWAB DAVID H C/O VITAMIN SHOPPE, INC. 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094	Х						
Signatures							
/s/ David M. Kastin, as Attorney-In-Fact		07/05/2018					
**Signature of Reporting Person		Date					
Explanation of Responses:							

## 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) These shares are restricted stock units that were issued pursuant to the Registrant's 2018 Long-Term Incentive Plan as the annual award to directors pursuant to the Director Compensation Plan and Stock Ownership Guidelines. Each restricted stock unit represents a contingent right to receive one share of common stock. Restricted stock units vest in four equal quarterly installments on October 1, 2018, January 2, 2019, April 1, 2019 and July 1, 2019.

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.