Edgar Filing: Kastin David - Form 4

Kastin David	1											
Form 4												
August 22, 2	018											
FORM	14									OMB AF	PPROVAL	
	UNITEL) STATES		ATTIES Shingtor				NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	ter									Expires:	January 31	
subject to		MENT O	F CHAN				ICIA	LOW	NERSHIP OF	Estimated a	2005 Iverage	
Section 1				SECU	RI	TIES				burden hours per		
Form 4 or Form 5			а. (° 1		1	с ·	· -	1	response			
obligation	n a							-	e Act of 1934,			
may cont	inue. Section 17		of the In	•		•	· ·		f 1935 or Section	1		
<i>See</i> Instru 1(b).	uction	50(11)	of the III	vestiller	n C	Joinpan	y At	ι 01 194	ю			
1(0).												
(Print or Type F	Responses)											
Kast's Dass'd			2. Issuer Symbol	ssuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			Vitamin	Shoppe	e I	nc IVS	n					
(I +)	(Einst)			••		_	T		(Chec)	k all applicable)	
(Last)	(First)	(Middle)	3. Date of (Month/D		Irai	nsaction			Director	10%	Owner	
C/O VITAN	11N SHOPPE, I	NC., 300	08/20/20	•					Officer (give		er (specify	
	MEADOW BLY		00,20,2	010					below)	below) ee Remarks		
			4 70 4		. .	<u> </u>						
				If Amendment, Date Original iled(Month/Day/Year)					6. Individual or Joint/Group Filing(Check			
SECAUCUS	S NI 07094		Filed(Mor	ith/Day/Ye	ear)				Applicable Line) _X_Form filed by C Form filed by M			
bleneed	5,115 07074								Person			
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med on Date, if Day/Year)	3. Transac Code (Instr. 8)	tion	4. Securi (A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common				_		1,313		\$				
Stock, par value \$0.01	08/20/2018			F		(1)	D	12.75	27,814	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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	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							
Treporting o when	Director	10% Owner	Officer	Other					
Kastin David C/O VITAMIN SHOPPE, INC. 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094				See Remarks					
Signatures	i								
/s/ David M. Kastin	08/22/20	18							
<u>**</u> 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) Amount reflects tax withholding obligations upon the vesting of restricted stock.

Remarks:

SVP, General Counsel & Corp. Secretary

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.