Edgar Filing: Kastin David - Form 4

Check this box if no longer subject to Section 16. SECURITIES Number: Number: January 31 2005 burden hours per								3235-0287 January 31, 2005 average Irs per				
1(b).												
 (Print or Type Responses) 1. Name and Address of Reporting Person [*]/₂ 2. Issuer Symbol Vitamin 								g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(First) (Middle) 3. Date of Earliest Transaction (Check all applicable)					e)					
(Month/Da C/O VITAMIN SHOPPE, INC., 300 03/08/20 HARMON MEADOW BLVD.				-					Director 10% Owner X Officer (give title Other (specify below) below) General Counsel			
			nendment, Date Original Ionth/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 				
(City)	(State)	(Zip)		T N T	D	• • • •			Person			
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ate 2A. Dee r) Executio any	med	3.	4 ion(<i>A</i> (I	A Securiti A) or Dis Instr. 3, 4	ies Ac sposed and 5 (A)	quired of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
G				Code V	V A	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$0.01	03/08/2019			А		1,678	А	\$0	39,769	D		
Common Stock, par value \$0.01	03/08/2019			F	4	169 <u>(2)</u>	D	\$ 6.85	39,300	D		
Common Stock, par value \$0.01	03/11/2019			F		1,675 2)	D	\$ 6.99	37,625	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
			Code V	of (D) (Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kastin David C/O VITAMIN SHOPPE, INC. 300 HARMON MEADOW BLVD. SECAUCUS, NJ 07094			General Counsel				

Signatures

/s/ David M. Kastin	03/12/2019			
**Signature of	Date			

Reporting Person

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 of restricted stock vest in two equal annual installments, commencing March 8, 2021, the second anniversary of the grant date.
- (2) Amount reflects tax withholding obligations upon the vesting of restricted stock.

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.