Edgar Filing: Angie's List, Inc. - Form 4

Angie's List, Form 4 June 16, 201												
FORM	14								OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Section 16.				GES IN SECUR		ICIA	AL OWN	ERSHIP OF	Expires: Estimated a burden hour	s per		
Form 4 orresponseForm 5obligationsobligationsFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section1(b).30(h) of the Investment Company Act of 1940								0.5				
(Print or Type l	Responses)											
1. Name and Address of Reporting Person -2. IssueTRI Ventures, Inc.Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
Angi			Angie's	List, Inc.	[ANGI]			(Check all applicable)				
(Month/I				of Earliest Transaction Day/Year) 2015				Director X10% Owner Officer (give title Other (specify below)				
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person 					
BOSTON, MA 02116									K_Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
Common Stock	06/15/2015			Code V P	Amount 3,258		Price \$ 6.3475 (1)	(Instr. 3 and 4) 11,654,360	I	See footnote (2)		

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)	4. Transactic Code (Instr. 8)	5. ofNumber 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		Relationsh	ips				
	Director	10% Owner	Officer	Other			
TRI Ventures, Inc. 711 BOYLSTON STREET BOSTON, MA 02116		Х					
TRI Investments, LLC 711 BOYLSTON STREET BOSTON, MA 02116		Х					
Signatures							
/s/ Shannon Shaw, attorney-in-fact for TRI Ventures, Inc. and TRI Investments,							

LLC

**Signature of 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). **

These transactions were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 28, 2014. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.31 to

- (1) \$6.38, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within ranges set forth in this Form 4.
- These shares are owned by TRI Investments, LLC, which is a subsidiary of TRI Ventures, Inc. TRI Ventures, Inc. is the indirect (2) beneficial owner of the reported securities.

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.

06/16/2015

Date