

RELIANCE STEEL & ALUMINUM CO
Form 3/A
June 05, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â HOFFMAN JAMES DONALD		(Month/Day/Year) 10/03/2008	RELIANCE STEEL & ALUMINUM CO [RS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	
350 SOUTH GRAND AVENUE,Â SUITE 5100			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Sr. VP, Operations	
LOS ANGELES,Â CAÂ 90071			5. If Amendment, Date Original Filed(Month/Day/Year) 10/10/2008	
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

				Shares		or Indirect (I) (Instr. 5)	
Phantom Stock	Â (1)	Â (1)	Common Stock	3,143	\$ (1)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HOFFMAN JAMES DONALD 350 SOUTH GRAND AVENUE SUITE 5100 LOS ANGELES, CA 90071	Â	Â	Â Sr. VP, Operations	Â

Signatures

/s/ James D. Hoffman by William A. Smith II as his
Attorney-in-Fact

06/05/2014

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 share of phantom stock is the economic equivalent of one share of the Issuer's common stock. In connection with the acquisition by the Issuer of Earle M. Jorgensen Company ("EMJ") in April 2006, the Issuer assumed the obligation resulting from EMJ's settlement with the U.S. Department of Labor to contribute shares of the Issuer's common stock to the Earle M. Jorgensen Company Supplemental Stock Bonus Plan, a phantom stock bonus plan. As a former employee of EMJ, Mr. Hoffman is entitled to receive 3,143 phantom shares of the Issuer's common stock under the Earle M. Jorgensen Company Supplemental Stock Bonus Plan. This obligation will be satisfied by a cash payment to Mr. Hoffman upon the termination of his employment with the Issuer.

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.