Edgar Filing: MARCUS CORP - Form 4/A

MARCUS C	ORP												
Form 4/A	015												
August 10, 2	_												
FORM	4 _{UNITI}	FD STATE	S SECUP	ITIFS		ND FY	чнар	NCF	COMMISSION		OMB APPROVAL		
	UNII	ED STATE				D.C. 205		UGE		OMB Number:	3235-0287		
Check thi	s box		• • u s	migu	·11, 1	0.0.20					January 31,		
if no long		EMENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: 200		
	subject to STATEMENT OF CHARGES IN DEITEFICIAL OWNERSH Section 16. SECURITIES								Estimated average burden hours per				
Form 4 or	r								response 0.5				
Form 5 obligatior	• •	^						-	ge Act of 1934,				
may conti				•		•	• •		f 1935 or Sectio	n			
See Instru	iction	30(h) of the Inv	vestme	nt C	Company	y Act	of 19	40				
1(b).													
(Print or Type R	Responses)												
1. Name and A NEIS DOUC		Name a	nd 🛛	Ficker or 7	Fradin	g	5. Relationship of Reporting Person(s) to Issuer						
NEIS DOUC	JLAS A		•	Symbol MARCUS CORP [MCS]									
									(Chec	k all applicable	e)		
(Last)	(First)	(Middle)	3. Date of			nsaction			Director	100	0		
				(Month/Day/Year) 02/19/2015					Director 10% Owner X Officer (give title Other (specify				
	ΓΙΟΝ, 100 E.		02/17/20)15					below)	below) and Treasurer			
	N AVE., SUI								Crt	and Treasurer			
	(Street)		4. If Ame	ndment.	Date	e Original			6. Individual or Jo	oint/Group Filin	ng(Check		
				d(Month/Day/Year)					Applicable Line)				
03/02			03/02/20)15					_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
MILWAUK	EE, WI 5320	2							Person	Tore than One K	eporting		
(City)	(State)	(Zip)	Table	e I - Nor	1-De	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of		Date 2A. De		3.		4. Securi				6. Ownership			
Security (Instr. 3)	(Month/Day/Y		on Date, if TransactionAcquired (A) or Code Disposed of (D)						Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month	/Day/Year)						Owned Indirect (I) Owner				
			-							(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				Cala	V	A	or	Duine	(Instr. 3 and 4)				
Common				Code		Amount	(D)	Price					
Stock	02/19/2015			G	V	950	D	\$0	49,802 <u>(1)</u>	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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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				
NEIS DOUGLAS A THE MARCUS CORPORATION 100 E. WISCONSIN AVE., SUITE 1900 MILWAUKEE, WI 53202			CFO and Treasurer					
Signatures								
/s/ Steven R. Barth, Attorney-in-Fact for De	ouglas A.	(08/10/2015					
**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) This amended Form 4 is being filed to correct an error in calculation of the number of Common Stock beneficially owned by the reporting person following the reported transaction. The original Form 4 filed on March 2, 2015 reported an incorrect total.

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.