Edgar Filing: SUPREME INDUSTRIES INC - Form 4

| SUPREME IND Form 4 July 29, 2016 | USTRIES INC | | | | | | | | | |
|--|--|---|---|---|-----------|------------------------|---|---|---------------------------|--|
| FORM 4 | 1 | | | | | | | OMB APF | PROVAL | |
| | UNITED STA | TES SECURITI Washin | ES AND gton, D.C | | | E COMM | IISSION | OMB Number: | 3235-0287 | |
| | | | | S IN BENEFICIAL OWNERSHIP OF CCURITIES | | | | Expires: January 31, 2005 Estimated average purden hours per response 0.5 | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 Resp | onses) | | | | | | | | | |
| 1. Name and Addre NEILSON MAI | ess of Reporting Perso RK C | ⁿ [*] 2. Issuer Nar Symbol SUPREME [STS] | | | | 5. Rela Issuer | | eporting Perso all applicable) | n(s) to | |
| (Last) 7140 CALABR | (First) (Middle IA COURT | | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2016 | | | | _ Director 10% Owner _ Officer (give title Other (specify w) below) | | | |
| | (Street) 4. If Amendme Filed(Month/Da | | | ay/Year) Appli _X_F | | | ividual or Joint/Group Filing(Check able Line) orm filed by One Reporting Person | | | |
| SAN DIEGO, C | CA 92122 | | | | | For Person | m filed by Mo | re than One Repo | orting | |
| (City) | (State) (Zip) | Table I - | Non-Deriva | ative Secu | irities . | Acquired, I | Disposed of, | or Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | onor Dispos (Instr. 3, | (A) or | 5) | 5. Amount Securities Beneficially Owned Following Reported Transaction (Instr. 3 and | Ownershi Form: Direct (D or Indirec (I) (s) (Instr. 4) | Beneficial) Ownership | |
| Class A CommonStock | 07/27/2016 | | Code V S | Amount 3,000 | (D) D | Price \$ 16.6042 | 100,728 <u>(</u> | | | |

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) | 5. orNumber 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 Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | | | | | | | |
|--|------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| NEILSON MARK C 7140 CALABRIA COURT SAN DIEGO, CA 92122 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Julia A. Gardner, Attorney-i Neilson | 07/29/2016 | | | | | | | |
| <u>**</u> Signature of Reporti | 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) Includes 43,194 shares owned by Reporting Persons IRA.

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.