Edgar Filing: HELEN OF TROY LTD - Form 4

HELEN OF 7	FROY LTD										
Form 4											
March 03, 20											
FORM	4 UNITED) STATES	5 SECUR	ITIES A	ND EXC	CHA	NGE (COMMISSION		PPROVAL	
				hington,					Number:	3235-0287	
Check this if no long subject to Section 10 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					burden hou	Estimated average burden hours per				
Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pu	(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	response	0.5	
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> ABROMOVITZ GARY B			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			HELEN OF TROY LTD [HELE]					(Check all applicable)			
(Last) (First) (Middle) 1 HELEN OF TROY PLAZA			3. Date of Earliest Transaction(Month/Day/Year)03/01/2016				X_ Director 10% Owner Officer (give title Other (specify below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
EL PASO, T	X 79912							Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	nstr. 8) (Instr. 3, 4 and 5) (A)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Shares, par value \$0.10 per share	03/01/2016			А	183	A	$\frac{(1)}{(2)}$	10,693	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	Expiration Da (Month/Day/ ve es d d	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (E	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common share tax-offset right	<u>(2)</u>	03/01/2016		X	0 (2)	03/01/2016	03/01/2016	Common share tax-offset right	0 (2)	
Common share tax-offset right	(2)	03/01/2016		X	C	03/01/2016	03/01/2016	Common share tax-offset right	0 (2)	

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Reporting Owners

Reporting Owner Name / Address		Relationsh		
I O	Director	10% Owner	Officer	Other
ABROMOVITZ GARY B 1 HELEN OF TROY PLAZA EL PASO, TX 79912	Х			
Signatures				

Vincent D. Carson as Attorney-In-Fact for Gary B. Abromovitz

**Signature of Reporting Person

03/03/2016 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) Grant of restricted stock, which vested immediately and is accompanied by a tax-offset right.
- (2) The accompanying tax-offset right entitles the reporting person to receive, upon vesting of the restricted stock, a cash amount to pay certain tax liabilities incurred in connection with the event.

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.