## Edgar Filing: PIER 1 IMPORTS INC/DE - Form 4

PIER 1 IMF	PORTS INC/I	DE											
Form 4													
April 01, 20													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION											PROVAL		
		EDSIALES				, D.C. 2054		JE U	DIVIIVIISSIUN	OMB Number:	3235-0287		
Check th	his box		** 0	isining	ιοΠ	, D.C. 2034	9			Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENE						BENEFIC	<b>VEFICIAL OWNERSHIP OF</b>				2005		
	subject to Section 16. SECURITIES									Estimated average burden hours per			
	Form 4 or								response	0.5			
Form 5		d pursuant to						U					
obligation may con				•		• •	•		1935 or Section	l			
<i>See</i> Instr 1(b).		30(h)	of the I	nvestn	nent	t Company	Act o	of 1940	)				
(Print or Type	Responses)												
	Address of Repo	orting Person <u>*</u>	2. Issue	er Name	e and	<b>d</b> Ticker or Tra	ading		5. Relationship of l	Reporting Pers	on(s) to		
HUNTER I	Symbol						lssuer						
			PIER 1	IMPO	OR1	ΓS INC/DE	[PIR]	]	(Check	all applicable	)		
(Last)	(First)	(Middle)				ransaction							
100 PIER 1			(Month/	-	ar)			-	Director 10% Owner X Officer (give title Other (specify				
100 FILK I	FLACE		03/31/2	2016				i	pelow)	below) e Pres - Market			
	(Street)		4 16 4		-4 D	-t- Ori-in-1					-		
	4. II Am Filed(Mo			ate Original			6. Individual or Joint/Group Filing(Check Applicable Line)						
			T neu(m	min Day	/ 1 cu	.,			X_ Form filed by O				
FORT WO	RTH, TX 76	102						Ī	Form filed by Mo Person	ore than One Rep	porting		
(City)	(State)	(Zip)	Tab	ole I - N	lon-l	Derivative See	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction	Date 2A. Deem	ned	3.		4. Securities	Acqui	red (A)	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Y		Date, if					Securities	Ownership	Indirect			
(Instr. 3)		any (Month/D	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)						Beneficially Owned	Form: Direct Benefit (D) or Owner	Ownership		
		<b>X</b>						Following	Indirect (I)	(Instr. 4)			
							(A)		Reported Transaction(s)	(Instr. 4)			
				Cel	17	A	or	Dete	(Instr. 3 and 4)				
common				Code		Amount	(D)	Price \$					
stock	03/31/2016			J <u>(1)</u>	V	356.6334	А	ф 7.01	93,468.087	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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or	3	Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo
				Disposed of (D) (Instr. 3,						Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HUNTER ERIC W 100 PIER 1 PLACE FORT WORTH, TX 76102			Exec. Vice Pres - Marketing					
Signatures								
/s/ Eric W. Hunter By: Christop Atty-in-Fact	04/01/2016							
<u>**</u> Signature of Reportir	ng 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).

On March 31, 2016, the Pier 1 Imports, Inc. Stock Purchase Plan purchased in a transaction exempt under Rule 16b-3(c), 356.6334 shares
 (1) of common stock for March 2016 contributions credited to the reporting person's account. Such shares were purchased at the closing price of the Issuer's common stock on the New York Stock Exchange for March 31, 2016.

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.