Edgar Filing: AARON'S INC - Form 4

AARON'S IN	IC												
Form 4													
August 01, 20)14												
FORM	4										PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287					
Check this box					U ,					Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG							CIA	LOW	NERSHIP OF	Estimated a	2005 average		
Section 16	Section 16. SEC				ECURITIES					burden hours per response			
Form 4 or Form 5													
obligation	- ·								ge Act of 1934,				
may contin				•		•	- ·		f 1935 or Sectio	n			
See Instruc	ction	30(h)	of the Inv	/estmen	it C	ompany	y Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
× 51	1												
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to						
Schuerholz John Symbol								0	Issuer				
				J'S INC [AAN]					(Chaok all applicable)				
				Earliest Transaction					(Check all applicable)				
				Day/Year)					_X_ Director 10% Owner Officer (give title Other (specify				
			07/31/20	-									
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				nendment, Date Original					below) below) 6. Individual or Joint/Group Filing(Check				
(Street) 4. If Amer													
Filed(Mon				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
	GA 20205									More than One Re			
ATLANTA,	GA 30303								Person				
(City)	(State)	(Zip)	Table	e I - Non-	Dei	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	med	3.	3. 4. Securities				5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Yea	n Date, if TransactionAcquired (A) or						Securities	Form: Direct	Indirect			
(Instr. 3)		Dav/Vaar)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Beneficially	D) or ndirect (I)	Beneficial Ownership				
		Day/Year)	(IIIsu. o				5)	Owned Following	Indirect (I) (Instr. 4)	(Instr. 4)			
					(A)			Reported					
							(A) or		Transaction(s)				
				Code	V	Amount		Price	(Instr. 3 and 4)				
Common Stock	07/31/2014			D <u>(1)</u>		707	D	\$0	21,982	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. orNumber	6. Date Exer Expiration D		7. Title Amoun		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Underly Securiti	ying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr	
				Code V		Date Exercisable	Expiration Date	c N c	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Schuerholz John 309 E. PACES FERRY ROAD, NE ATLANTA, GA 30305	Х							
Signatures								
s/ Robert Sinclair, by Power of Attorn Schuerholz		08/01/2014						
<u>**</u> Signature of Reporting Per	Date							
Explanation of Respo	onses	-						

- * 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) Forfeiture of restricted stock with a vest date of January 2, 2015.

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.