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EASTGROUP PROPERTIES INC

Form 4 June 04, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading EAVES HAYDEN C III Issuer Symbol **EASTGROUP PROPERTIES INC** (Check all applicable) [EGP] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director

06/04/2015

Officer (give title

10% Owner _ Other (specify

201 SOUTH LAKE **AVENUE, SUITE 501**

> (Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

PASADENA, CA 91101

(City)	(State)	(Zip) Tab	le I - No	n-D	erivative	Secur	ities Ao	equired, Disposed	l of, or Benefic	ially 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)	4. Securi nAcquired Disposed (Instr. 3,	I (A) of (D) 4 and (A) or	0) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	06/04/2015		Code A	V	Amount 1,339	(D)	Price (1)	1,339	D	
Common Stock	06/04/2015		G	V	1,339	D	(2)	0	D	
Common Stock	06/04/2015		G	V	1,339	A	(2)	8,089	I	By self as co-trustee for Eaves Living Trust
Common Stock								2,000	I	By IRA

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Common Stock	1,000	I	By Eaves Family Foundation
Common Stock	500	I	By self as Trustee for Hayden C. Eaves III Family Trust - Sub Trust B

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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	and	8. Price of	•
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration Da	ite	Amoun	t of	Derivative	ļ
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative	e		Securit	ies	(Instr. 5)	1
	Derivative				Securities	3		(Instr. 3	3 and 4)		
	Security				Acquired						. 1
	•				(A) or						1
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	le Date		Number		
								of			
				Code '	V (A) (D)				Shares		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
EAVES HAYDEN C III 201 SOUTH LAKE AVENUE SUITE 501 PASADENA, CA 91101	X						

Reporting Owners 2

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Signatures

Michael C. Donlon, attorney-in-fact for Hayden C. Eaves, III

06/04/2015

**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) Annual retainer shares awarded in accordance with the Independent Director Compensation Policy adopted pursuant to the 2013 Equity Incentive Plan.
- (2) Bona fide gift of securities.

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.

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