Edgar Filing: SYSTEMAX INC - Form 4

| SYSTEMAX | INC | | | | | | | | | | | |
|--|---------------------------------------|---|--|---|---------------------|------------------------------|---|---|---------------------------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| December 10, | 2015 | | | | | | | | | | | |
| FORM | 4 | | | | | | | | | OMB APPROVAL | | |
| . • | • UNITE | D STATES | | | | | NGE (| COMMISSION | OND | 3235-0287 | | |
| Check this | Check this box Washington, D.C. 20549 | | | | | | Number: | January 31 | | | | |
| | if no longer | | | | | | Expires: | 2005 | | | | |
| subject to | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | Estimated average burden hours per | | | |
| Section 16. Form 4 or | | SECURITIES | | | | | | | | | | |
| Form 5 | Filed n | oursuant to a | Section 16 | b(a) of the | Securiti | es Ex | cchang | ge Act of 1934, | response | 0.5 | | |
| obligations | Section 1 | | | | | | | f 1935 or Sectio | m | | | |
| may contin See Instruc | lue. | | of the Inv | | | | | | | | | |
| 1(b). | 000 | () | | | 1. | / | | | | | | |
| | | | | | | | | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| 1 Name and Ad | duasa of Donorti | n a Dansan * | | | | | | 5 Deletionship et | f Donortina Don | aan(a) to | | |
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading ROSENTHAL ROBERT Symbol | | | | | g | 5. Relationship of Issuer | r Keporting Fer | son(s) to | | | | |
| RODLIVIIII | | | Symbol SYSTEN | MAX INC | | | | | | | | |
| | | ~ ~ ~ ~ ~ ~ | | | | | | (Cheo | ck all applicable | e) | | |
| (Last) | (First) | | | | arliest Transaction | | | V Discolaria 100% Orange | | | | |
| C/O SYSTEMAX INC., 11 (Month/Da 12/09/20 | | | | | | | X_ Director 10% Owner Officer (give title Other (specify | | | | | |
| HARBOR PA | | L | 12/09/20 | /15 | | | | below) | below) | | | |
| | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | | | | | | | | | | | | |
| | | | Theu(Mon | ul/Day/1Cal) | | | | _X_ Form filed by | One Reporting Pe | erson | | |
| PORT WASH | HINGTON, N | Y 11050 | | | | | | • | More than One Re | eporting | | |
| | | (77:) | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| | 2. Transaction I | | | 3. | 4. Securi | | | 5. Amount of | 6. Ownership | | | |
| - | (Month/Day/Ye | | on Date, if | Transactio | | | | Securities | Form: Direct (D) or | Indirect Dependicial | | |
| (Instr. 3) | | any (Month | CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5) | | | | | Beneficially Owned | | Beneficial Ownership | | |
| | | X | | | (| | - / | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| G | | | | Code V | Amount | (D) | Price | (insure and 1) | | | | |
| Common Stock | 12/09/2015 | | | М | 2,000 | А | \$ 6.3 | 67,655 | 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 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. Transactic Code (Instr. 8) | Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 I S (|
|---|---|---|---|--|------------|------|--|--------------------|---|--|------------------|
| | | | | Code V | (A) (| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 6.3 | 12/09/2015 | | М | 2, | ,000 | 01/12/2006 | 01/12/2016 | Common Stock | 2,000 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|------------|---------------|--------------|---------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| ROSENTHAL ROBERT C/O SYSTEMAX INC., 11 PORT WASHINGTON, NY | х | | | | | | |
| Signatures | | | | | | | |
| /s/ Robert Rosenthal | 12/10/2015 | | | | | | |

<u>**</u>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).

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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