Edgar Filing: STAGE STORES INC - Form 4

STAGE STO	ORES INC										
Form 4											
June 17, 201	.3										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHIP OF					Estimated average burden hours per		
Section 16.			SECURITIES								
Form 4 c Form 5	-		.		- ·		- 1		response	0.5	
obligatio	n c -						-	Act of 1934,			
may con	tinue. Section 170			nvestment	•	-	•	1935 or Section			
See Instr 1(b).	uction	30(II)	or the fi	ivestinein	Compa	Iy Au	.1 01 1940)			
(Print or Type]	Responses)										
			2. Issue Symbol	issuer reality interest of fracing				5. Relationship of Reporting Person(s) to Issuer			
			-	E STORE	S INC [S	SSI]				`	
(Last)	(First) (Middle)	3. Date o	of Earliest T	ransaction			(Спеск	all applicable)	
			Ionth/Day/Year)			_X_ Director 10% Owner					
			06/14/2	06/14/2013				XOfficer (give titleOther (specify below) below) President & CEO			
(Street) 4. If Am			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	onth/Day/Yea	r)			Applicable Line)			
HOUSTON	TX 77025							_X_ Form filed by Or Form filed by Mo			
11005101	, 111 //025							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8)		ed of		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	06/14/2013			А	163 <u>(1)</u>		\$ 22.8739	235,417	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo 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					
GLAZER MICHAEL L 10201 MAIN STREET HOUSTON, TX 77025	Х		President & CEO						
Signatures									
/s/ R. E. Stasyszen, Attorney in Glazer	Fact for	Michael	06/17/2013						

**Signature of Reporting Person

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).

These shares, which were acquired pursuant to the Stage Stores Deferred Compensation Plan (the "Plan"), may not be transferred to an alternative investment within the Plan or liquidated by the reporting person and will remain in the reporting person's account until such

Date

(1) date as the reporting person is no longer an employee of the issuer and for a period of six months thereafter, at which time they will be transferred to the reporting person.

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.