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ANDREWS	MARK										
Form 4 November 2	2 2017										
									OMB	APPROVAL	
FORM	UNITED	STATES		RITIES A shington,			NGE	COMMISSIO	N OMB Number:	3235-0287	
Check th if no long	aar								Expires:	January 31,	
subject to Section 1 Form 4 c	o SIAIEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES							Estimate burden h response		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the	Public U		ling Com	pany	Act of	ge Act of 1934 of 1935 or Sect 40			
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> ANDREWS MARK			2. Issuer Name and Ticker or Trading Symbol Castle Brands Inc [ROX]				ıg	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)						(Ch	eck all applica	ble)	
C/O CASTLE BRANDS INC., 122 EAST 42ND ST, SUITE 5000			3. Date of Earliest Transaction (Month/Day/Year) 11/20/2017					X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)			4. If Amendment, Date Original Filed(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			
NEW YOR	K, NY 10168							Person	where that one	Reporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	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)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				SecuritiesOBeneficiallyFoOwned(DFollowingInReported(InTransaction(s)In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	11/20/2017			М	56,065	А	\$ 0.9	3,043,724 (1)	D		
Common Stock								711,684	I	Held By IRA	
Common Stock								1,183,079	Ι	By Knappogue Corp. (2)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
5% Subordinated Convertible Note due 2018	\$ 0.9	11/20/2017		М	\$ 50,000	10/31/2013	12/15/2018	Common Stock	56,(<u>(</u> 3

Reporting Owners

Reporting Owner Name / Address		Relationships						
			10% Owner	Officer	Other			
ANDREWS MARK C/O CASTLE BRANDS IN 122 EAST 42ND ST, SUIT NEW YORK, NY 10168		X						
Signatures								
/s/ Mark Andrews	11/22/20	017						
<u>**</u> Signature of	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) Includes shares of Common Stock held jointly with the reporting person's spouse.
- (2) The reporting person disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (3) Based on the initial principal amount of the 5% Subordinated Convertible Promissory Note and accrued but unpaid interest thereon as of the date of conversion.

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.

<u>**</u>Signature of Reporting Person