Edgar Filing: Pena Mariani Maria Alejandra - Form 4

Pena Marian Form 4 May 07, 201	ii Maria Alejandra 8	a										
FORM										PPROVAL		
	UNITED	STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this box							Expires:	January 31,				
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								NERSHIP OF	Estimated a	2005 average		
Section	16.	SECURITIES							burden hours per			
Form 4 c			. 1		a		1		response	0.5		
	Form 5 obligations 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											
may con	tinue. Section 17(vestment	•	- ·			n			
<i>See</i> Instr 1(b).	uction	50(II) C	of the my	vestment	Compan	y Aci	1 01 194	+0				
1(0).												
(Print or Type)	Responses)											
	Address of Reporting		2. Issuer	Name and	Ticker or '	Tradin	ıg	•	f Reporting Person(s) to			
Pena Mariani Maria Alejandra Symbol					Issuer							
Cas				Castle Brands Inc [ROX]				(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of	Earliest Tr	ansaction			(enec	k un uppneuek	-)		
				(Month/Day/Year)				Director 10% Owner				
C/O CASTLE BRANDS INC., 122 05/04/2018X_Officer (give the below)								title Oth below)				
E. 42 ST., S	SUITE 5000							SV	P-Marketing			
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				onth/Day/Year)				Applicable Line)				
	X Form filed by One Reporting Person Form filed by More than One Reporting											
NEW YOR	K, NY 10168							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat			3.				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, 1f	Transaction(A) or Disposed of Code (D)				Form: Direct (D) or	Indirect Beneficial			
(insu: 5)			ay/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
				Code V	A	or	Dein	(Instr. 3 and 4)				
Common				Code V	Amount 7,669	(D)	Price \$					
Stock	05/04/2018			F	(1)	D	پ 1.24	142,331	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(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				
Pena Mariani Maria Alejandra C/O CASTLE BRANDS INC. 122 E. 42 ST., SUITE 5000 NEW YORK, NY 10168			SVP-Marketing					
Signatures								
/s/ Maria Alejandra Pena Mariani	05/	07/2018						
**Signature of Reporting Person		Date						
Explanation of Responses:								

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) Represents shares withheld to satisfy tax withholding obligations pertaining to the vesting of certain shares of restricted stock.

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.