## Edgar Filing: REGIS CORP - Form 4

<b>REGIS COR</b>	P										
Form 4											
August 31, 2	015										
FORM	14								-	PPROVAL	
	UNITED	STATES			AND EX( , D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check the if no long									Expires:	January 31,	
subject to		MENT O	F CHAN		<b>BENEFICIAL OWNERSHIP OF</b>				Estimated a	2005 average	
Section 1	ection 16. SECURITIES							burden hours per			
Form 4 o	-					_			response	0.5	
Form 5 obligation								e Act of 1934,			
may cont See Instru	inue. Section 17		of the Inv	•	•			f 1935 or Section 40	n		
1(b).											
(Print or Type F	Responses)										
JI.	I I I I I I										
THIEDE CARMEN D Sy			2. Issuer Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			REGIS CORP [RGS]								
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction			(Chec	к ан аррисави	e)	
(1				(Month/Day/Year)				Director	10%	b Owner	
			08/27/2015					_X_ Officer (give title Other (specify below) below)			
								/	an Resources (	Officer	
	(Street)		4 If Amer	ndment D	ate Original			6 Individual or Ic	oint/Group Filiu	ng(Check	
· · · · · · · · · · · · · · · · · · ·				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(11101		-)			_X_ Form filed by 0			
MINNEAPO	OLIS, MN 55439	9						Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securit	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securi	ties Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if		ion(A) or Di	sposed	l of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(INIOIIUI)	Day/Teal)	(111501.0)	(11150.5,	4 anu .	))	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported	```	. ,	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/27/2015			А	10,937 (1)	А	\$0	54,864 <u>(2)</u>	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
THIEDE CARMEN D			Chief Human					
7201 METRO BOULEVARD			Resources					
MINNEAPOLIS, MN 55439			Officer					
Signatures								
/s/ Jen Randolph Reise, by power o attorney	f	08/31/2015						
**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).

Represents restricted stock units that will cliff vest on August 29, 2017. The units were initially granted as performance share units on (1) August 29, 2014 and the number of units was determined on August 27, 2015 based on the level of satisfaction of performance criteria for

the performance period applicable to the units.

(2) Includes 2264 shares attributable to employee stock plan purchases since the Reporting Person's last Form 4.

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.