#### **INTERFACE INC** Form 3 October 30, 2015 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 (Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement **INTERFACE INC [TILE]**  Palmer Sheryl (Month/Day/Year) 10/28/2015 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 2859 PACES FERRY (Check all applicable) ROAD, SUITE 2000 (Street) 6. Individual or Joint/Group 10% Owner \_X\_\_ Director Officer \_ Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting Person ATLANTA, GAÂ 30339 Form filed by More than One Reporting Person (City) (State) (Zip) **Table I - Non-Derivative Securities Beneficially Owned** 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities 3. Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 5) (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable and |                    | 3. Title and Amount of |                                  | 4.          | 5.          | 6. Nature of Indirect |
|---------------------------------|-------------------------|--------------------|------------------------|----------------------------------|-------------|-------------|-----------------------|
| (Instr. 4)                      | Expiration Date         |                    | Securities Underlying  |                                  | Conversion  | Ownership   | Beneficial Ownership  |
|                                 | (Month/Day/Year)        |                    | Derivative Security    |                                  | or Exercise | Form of     | (Instr. 5)            |
|                                 |                         |                    | (Instr. 4)             |                                  | Price of    | Derivative  |                       |
|                                 | Date<br>Exercisable     | Expiration<br>Date | Title                  | Amount or<br>Number of<br>Shares | Derivative  | Security:   |                       |
|                                 |                         |                    |                        |                                  | Security    | Direct (D)  |                       |
|                                 |                         |                    |                        |                                  |             | or Indirect |                       |
|                                 |                         |                    |                        |                                  |             | (I)         |                       |

(Instr. 5)

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |  |
| Palmer Sheryl<br>2859 PACES FERRY ROAD<br>SUITE 2000<br>ATLANTA, GA 30339 | ÂX            | Â         | Â       | Â     |  |  |  |  |
| Signatures  |               |           |         |       |  |  |  |  |
| /s/ David B. Foshee, Attorney<br>in Fact                                  | 10/30/2015    |           |         |       |  |  |  |  |
| <u>**</u> Signature of Reporting Person                                   | Date          |           |         |       |  |  |  |  |
| Evaluation of Posnancas   |               |           |         |       |  |  |  |  |

# Explanation of Responses:

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

## Â

#### **Remarks:**

### Exhibit List: Exhibit 24-Confirming Statement

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.