## Edgar Filing: HELEN OF TROY LTD - Form 4

HELEN OF 7	FROY LTD										
Form 4											
March 02, 20	17										
FORM	4							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL	
	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						Estimated average burden hours per response 0.!					
1(b).											
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> ABROMOVITZ GARY B			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			HELEN	OF TRO	Y LTD [	HEL	E]	(Che	ck all applicable	a)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Chev	ek un uppheuok	()	
1 HELEN O	F TROY PLAZ	ZA	(Month/Da 03/01/20	-				X_ Director Officer (give below)		6 Owner er (specify	
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EL PASO, T	X 79912								More than One Ro		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executionary	emed on Date, if /Day/Year)	Code (Instr. 8)	(A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price				
Shares, par value \$0.10 per share	03/01/2017			А	178	А	$\frac{(1)}{(2)}$	11,443	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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securitie: Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. P Der Seci (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common share tax-offset right	<u>(2)</u>	03/01/2017		A	0 (2)	03/01/2017	03/01/2017	Common share tax-offset right	0 (2)	
Common share tax-offset right	(2)	03/01/2017		X	0 (2)	03/01/2017	03/01/2017	Common share tax-offset right	0 (2)	

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## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
1	Director	10% Owner	Officer	Other
ABROMOVITZ GARY B 1 HELEN OF TROY PLAZA EL PASO, TX 79912	Х			
Signatures				

Vincent D. Carson as Attorney-In-Fact for Gary B. Abromovitz

\*\*Signature of Reporting Person

03/02/2017 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) Grant of restricted stock, which vested immediately and is accompanied by a tax-offset right.
- (2) The accompanying tax-offset right entitles the reporting person to receive, upon vesting of the restricted stock, a cash amount to pay certain tax liabilities incurred in connection with the event.

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.