## Edgar Filing: KINCAID STEVEN M - Form 4

KINCAID S	TEVEN M											
Form 4												
August 26, 2	_											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						COMMISSION	r	PPROVAL			
		SIAIE		shington,			NGE (		OMB Number:	3235-0287		
Check th	is box		vv as	anngton,	D.C. 20	347				January 31,		
if no long		MENT O	F CHAN	GES IN I	Expires: 200							
subject to Section 1	)				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Estimated average		
Form 4 o		Sheemins					burden hou response	rs per 0.5				
Form 5	Filed pu	rsuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	10000100	0.0		
obligatio	ns Section 17						•	f 1935 or Sectio	n			
may cont See Instru		30(h)	) of the In	vestment	Compan	y Ac	t of 194	40				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Penortin	Derson *	<b>.</b> .		<b>T</b> . 1	т 1 <b>'</b>		5 Pelationship of	f Daporting Dar	son(s) to		
1. Name and Address of Reporting Person <u>*</u> KINCAID STEVEN M				2. Issuer Name <b>and</b> Ticker or Trading Symbol LA-Z-BOY INC [LZB]					5. Relationship of Reporting Person(s) to Issuer			
			-									
						(Chec	(Check all applicable)					
(Last)	(First)	(Middle)		Earliest Tra	ansaction			Director	100	Owner		
1284 N TE	LEGRAPH ROA	AD.	(Month/D 08/23/20	-				Director 10% Owner X Officer (give title Other (specify				
1204 N. TELEORAI II ROAD			08/23/2008					below) below) Senior Vice President				
								Senic	or Vice Presider	ıt		
(Street)				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)	1			Applicable Line) _X_ Form filed by	One Penarting D	arcon		
MONROE,	MI 48162								More than One Re			
MONICL,	WII 40102							Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Acc	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	) Executi	on Date, if	Transactio		ispose	d of	Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	(D)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(Monun	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				3)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported		· · ·		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/23/2008			F	471	D	\$	74,516	D			
Shares	0012012000			-	., 1	2	7.38	. 1,010	-			
Common								0.910	т	1 101(1)		
shares								9,810	Ι	by 401(k)		

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.

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 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. Transactio Code (Instr. 8)	5. orNumber 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 Secur Bene Owne 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				
KINCAID STEVEN M 1284 N. TELEGRAPH ROAD MONROE, MI 48162			Senior Vice President					
Signatures								
James P. Klarr, Attorney-in-fact	08/2	26/2008						

#### \*\*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).

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.