## Edgar Filing: INTERFACE INC - Form 4

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Form 4											
August 04, 2	ЛД	STATES	SECUI	RITIES A	AND EX	CHA	ANGE CO	OMMISSION	OMB AF	PROVAL	
Check th if no lon subject t Section Form 4 o Form 5 obligation may con See Instr 1(b).	ger o 16. or Filed pur ons tinue.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 30(h) of the Investment Company Act of 1940							Number: Expires: Estimated a burden hour response	Expires: January 31, 2005 Estimated average burden hours per	
(Print or Type	Responses)										
WELLS JOHN R Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				of Earliest Transaction Day/Year) 2015				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Senior VIce President			
			onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
	, GA 30339							Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V		(A) or	5) Price	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 Stock	08/03/2015			S <u>(1)</u>	4,444	D	\$ 25.9246 (2)	190,621 <u>(3)</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)	3A. Deemed Execution Date, if any (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**

Reporting Owner Name / Address	Relationships							
Reporting O ther Funct / Huntess	Director	10% Owner	Officer	Other				
WELLS JOHN R 2859 PACES FERRY RD. OVERLOOK III, SUITE 2000 ATLANTA, GA 30339			Senior VIce President					
Signatures								
/s/ David B. Foshee, Attorney in Fact		08/04/201	5					
<u>**</u> Signature of Reporting Person		Date						
<b>Explanation of Res</b>	spons	ses:						
	If the form is filed by more than one reporting person, <i>see</i> Instruction $4(b)(v)$ .							
** Intentional misstatements	Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C.							

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) The sales were effected by a Rule 10b5-1(c) trading plan adopted by the reporting person on March 18, 2015.

(2) Reflects a weighted average sale price of \$25.9246. The shares were sold in multiple transactions at prices ranging from \$25.77 to \$26.06 per share, inclusive. The reporting person will provide to Interface, Inc., any such security holder of Interface, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.

(3) A substantial number of such shares are restricted shares subject to a risk of forfeiture under certain circumstances.

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.