Schram Ryan S Form 4 August 16, 2017

# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16.

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

**OMB APPROVAL** 

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Form filed by More than One Reporting

Form 5 obligations may continue. See Instruction

Form 4 or

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Schram Ryan S Issuer Symbol IZEA, Inc. [IZEA] (Check all applicable) (First) (Middle) 3. Date of Earliest Transaction (Last) (Month/Day/Year) \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify 480 NORTH ORLANDO 08/14/2017 below) below) **AVENUE. SUITE 200** Chief Operating Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person

#### WINTER PARK, FL 32789

(State)

(Zip)

(City)

(City)	(State) (Z	Zip) Table	I - Non-De	erivative Securitie	es Acquired,	Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transactio Code	4. Securities nAcquired (A) or Disposed of (D)	Securi	nount of ities icially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8)  Code V	(Instr. 3, 4 and 5)  (A)  or  Amount (D) I	Follov Repor Transa	wing	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	08/14/2017		A	662 (1) A	\$ 0 5,032	2	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: Schram Ryan S - Form 4

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy)	\$ 1.95	08/14/2017		A	4,255	08/14/2017 <u>(2)</u>	08/14/2027	Common Stock	4,255

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Schram Ryan S 480 NORTH ORLANDO AVENUE SUITE 200 WINTER PARK, FL 32789	X		Chief Operating Officer				

## **Signatures**

By: /s/ LeAnn Hitchcock as attorney-in-fact for Ryan S. Schram 08/16/2017

\*\*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).
- Restricted Stock received for a Q2 2017 stock bonus valued at \$1,291 based on the closing market price of \$1.95 on the grant date of (1) August 14, 2017. Award vests in 48 equal monthly installments. In the event the Reporting Person no longer serves as a director or employee at each vesting date, any unvested shares will be forfeited to the Issuer.
- (2) These options to purchase shares were issued under the Issuer's May 2011 Equity Incentive Plan and vest in 48 equal installments monthly starting on the grant date of August 14, 2017.

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.

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