Edgar Filing: DECKERS OUTDOOR CORP - Form 4

| DECKERS O Form 4 September 16 | DUTDOOR CORI 6, 2014 | D | | | | | | | | | |
|--|--|---------------|--|---|----------------|---|---|--|--|------------------------|--|
| FORM | | | | | | | | | | PROVAL | |
| - | UNITEDS | TATES S | | ITIES A hington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| subject to | | | | NGES IN BENEFICIAL OWNERS | | | | | Expires: | January 31, 2005 | |
| | | | | | | | | NERSHIP OF | Estimated a | | |
| | Section 16. SECURITIES | | | | | | | burden hours per | | | |
| Form 4 of Form 5 | Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | h Act of 1034 | response | 0.5 | | |
| obligation | ns Section 17(a | | | | | | - | | ı | | |
| See Instruction 16). See Instruction 16). See Instruction 16). | | | | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| Conners Maureen Symbol | | | r Name and Ticker or Trading ERS OUTDOOR CORP] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (M | iddle) | 3 Date of | Earliest Tra | ansaction | | | X Director | 10% | Owner | |
| 250 COROMAR DRIVE 09/15/20 | | | Day/Year) | | | | Difficer (give title Delow) Other (specify below) | | | | |
| | | | ndment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | nth/Day/Year) | | | | Applicable Line) | | | | |
| GOLETA, CA 93117 | | | | | | | | | One Reporting Person fore than One Reporting | | |
| (City) | (State) (| Zip) | Tabl | e I - Non-D | erivative | Secur | ities Aca | uired Disposed of | or Beneficial | lv Owned | |
| 1.Title of | (State) (Zip) Table I - Non-Derivative Securities Acquired, Disponent 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount | | | | | | | 5. Amount of | 6. Ownership | - | |
| Security (Instr. 3) | (Month/Day/Year) | Execution any | Date, if | Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | d of (D) | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 09/15/2014 | | | А | 327 <u>(1)</u> | А | \$ 96.65 | 15,069 | 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) | 4. Transactio Code (Instr. 8) | 5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | ınt 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 | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Plane / Planess | Director | 10% Owner | Officer | Other | | | | |
| Conners Maureen 250 COROMAR DRIVE GOLETA, CA 93117 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Lisa Bereda for Maureen Conners as attorney in fact 09/1 | | | | | | | | |
| <u>**</u> Signature of Reporting | | 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) Quarterly shares issued pursuant to the Compensation Plan for the Company's Board of Directors.

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.