Edgar Filing: INTERFACE INC - Form 4

INTEDEACE INC

Form 4											
April 01, 20									OMB AF	PROVAL	
	UNITED	STATES		RITIES A shington			ANGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to				SECUI	RITIES			Expires: Estimated a burden hour response			
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the l	Public U	tility Ho	lding Co	mpar		1935 or Section	I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> WELLS JOHN R			2. Issuer Name and Ticker or Trading Symbol INTERFACE INC [TILE]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 2859 PACES FERRY ROAD, OVERLOOK III, SUITE 2000			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Sr. Vice President			
Filed(Mo				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	, GA 30339	(Zip)						Person			
	(State)	(Zip)					-	iired, Disposed of,		-	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				Code V	Amount	or	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	04/01/2015			<u>S(1)</u>	4,444	D	20.3903 (2)	213,097 <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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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							
	Director	10% Owner	Officer	Other				
WELLS JOHN R 2859 PACES FERRY ROAD OVERLOOK III, SUITE 2000 ATLANTA, GA 30339			Sr. Vice President					
Signatures								
/s/ David B. Foshee, Attorney in Fact		04/01/201	5					
**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).
- (1) The sales were effected pursuant to a Rule 10b5-1(c) trading plan adopted by the reporting person on March 18, 2015.

Reflects a weighted average sale price of \$20.3903. The shares were sold in multiple transactions at prices ranging from \$20.235 to \$20.63 per share, inclusive. The reporting person will provide to Interface, Inc., such security holder of Interface, Inc., or the Securities

- (2) 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.