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WOOD C MART Form 4/A June 22, 2018	ΓΙΝ ΙΙΙ									
FORM 4								OMB AF	PPROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer								Expires:	January 31, 2005	
subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated a burden hou response	average urs per	
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type Respon	nses)									
WOOD C MARTIN III Symbol							5. Relationship of Reporting Person(s) to Issuer			
<i>a</i> .			DS INC	[FLC	ן	(Check all applicable)				
			ate of Earliest Transaction nth/Day/Year) 24/2014				XDirector10% Owner Officer (give titleOther (specify below)below)			
((Street)	4. If Amer	ndment, Da	ate Original 6. Individual or Joint/Group Filing(Check						
Filed(Month/I 11/26/2014 THOMASVILLE, GA 31792				r)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) ((State) (Zip)	Table	e I - Non-I	Derivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned	
	ransaction Date 2A. Deer onth/Day/Year) Executio any (Month/I	ned n Date, if	3.	4. Securi on(A) or Di (Instr. 3,	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
G			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common 11/2 Stock	24/2014		G V	2,500	D	\$ 19.53	1,202,084	D		
Common Stock							501	Ι	By 401(k)	
Common Stock							6,527,872	Ι	By Spouse	
Common Stock							116,865	Ι	By Trust (3)	
Common Stock							17,934	Ι	By Trust (4)	

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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. Transactic Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	e	7. Title and A Underlying S (Instr. 3 and	Securities		
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Deferred Stock (5)	<u>(6)</u>				05/23/2015	<u>(7)</u>	Common Stock	6,030		

Reporting Owners

Reporting Owner Name / Address		Relationships						
Reporting O when Rune / Runess	Director	10% Owner	Officer	Other				
WOOD C MARTIN III 125-C NORTH BROAD STREET SUITE 313 THOMASVILLE, GA 31792	х							
Signatures								
/s/ Stephen R. Avera, Agent	6/22/2018							

**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) Total includes exempt acquisitions of shares allocated to reporting person under Issuer's 401(k) Plan, based on a plan statement dated as of 12/31/2016.

(2) Beneficial ownership is disclaimed.

(3) By trust for reporting person's nephew.

Reporting Owners

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- (4) This Form 4 is filed as an amendment to the Form 4 originally filed on November 26, 2014 in order to reflect reporting person's additional holding of 17,934 shares by trust for reporting person's sister.
- (5) Granted under the Flowers Foods, Inc. 2014 Omnibus Equity and Incentive Compensation Plan.
- (6) In accordance with the terms of the Deferred Shares Agreement for Directors, the deferred shares awarded do not have a conversion or exercise price.
- (7) No expiration date.

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.