Grass Brian Form 4 May 17, 2018

### FORM 4

Check this box

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

2. Issuer Name and Ticker or Trading

HELEN OF TROY LTD [HELE]

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

(Mr. data)

1(b).

Grass Brian

(Print or Type Responses)

1. Name and Address of Reporting Person \*

(Last)	(First) (M	liddle)	3. Date of	Earliest Tra	ansaction						
			(Month/Day/Year) 05/15/2018					Director _X_ Officer (give below) Chief		6 Owner er (specify eer	
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
EL PASO, TX 79912								Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution		3. Transaction Code (Instr. 8)	on(A) or Di (D) (Instr. 3,	ispose	d of	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, Par Value \$0.10 per share	05/15/2018			A	1,714 (1)	A	\$ 0	13,102	D		
Common Stock, Par Value \$0.10 per share	05/15/2018			F	720	D	\$ 90.8	12,382	D		
Common Stock, Par Value \$0.10 per share	05/15/2018			A	3,424 (1)	A	\$ 0	15,806	D		

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average

burden hours per

#### Edgar Filing: Grass Brian - Form 4

Common Stock, Par Value \$0.10 per share	05/15/2018	F	1,437	D	\$ 90.8	14,369	D
Common Stock, Par Value \$0.10 per share	05/15/2018	A	1,286 (1)	A	\$ 0	15,655	D
Common Stock, Par Value \$0.10 per share	05/15/2018	F	540	D	\$ 90.8	15,115	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.

SEC 1474 (9-02)

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. onNumber	6. Date Exercises Expiration D		7. Tit		8. Price of Derivative	9. Nu Deriv
Security	or Exercise	,	any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Relationships

# **Reporting Owners**

Reporting Owner Name / Address								
•	Director	10% Owner	Officer	Other				
Grass Brian								
1 HELEN OF TROY			Chief Financial Officer					
EL PASO, TX 79912								

Reporting Owners 2

## **Signatures**

Vincent D. Carson as Attorney-In-Fact for Brian
Grass
05/17/2018

\*\*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) Represents performance units that have vest and paid out in shares of common stock.

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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