Edgar Filing: HD Supply Holdings, Inc. - Form 4

HD Supply H Form 4	-										
May 15, 2015									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer				GES IN BENEFICIAL OWNERSHI SECURITIES				NERSHIP OF	Expires: Estimated a	~	
builden hours per											
(Print or Type R	esponses)										
ATKINS BETSY S Symbol				er Name and Ticker or Trading pply Holdings, Inc. [HDS]				5. Relationship of Reporting Person(s) to Issuer			
(Month			(Month/D	Date of Earliest Transaction Ionth/Day/Year) 5/14/2015				(Check all applicable) <u>Director</u> 10% Owner Officer (give title Other (specify below)			
	(Street)	(Street) 4. If Amen Filed(Mont			-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
ATLANTA,	GA 30339							Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Executi any	emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) o of (D)	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	05/14/2015			Code V $A(\underline{1})$	Amount 3,868	(D) A	Price \$ 0	6,964	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	onDerivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	<u>(2)</u>	05/14/2015		A <u>(3)</u>	3,686		(3)	(3)	Common Stock	3,686
Restricted Stock Units	<u>(2)</u>	05/14/2015		M <u>(1)</u>		3,868	<u>(1)</u>	<u>(1)</u>	Common Stock	3,868

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting of the France Frances	Director	10% Owner	Officer	Other			
ATKINS BETSY S 3100 CUMBERLAND BLVD, SUITE 1480 ATLANTA, GA 30339							
Signatures							
James F. Brumsey, Attorney-in-Fact for Betsy Atkins	/ S .	05/15	5/2015				
** Signature of Reporting Person		Da	ate				

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 the settlement of restricted stock units in shares of Company common stock on their scheduled vesting date.
- (2) Each restricted stock unit represents a contingent right to receive one share of Company common stock.

Grant of restricted stock units under the HD Supply Holdings, Inc. 2013 Omnibus Incentive Plan. The restricted stock units vest on the earliest of: (1) the one-year anniversary of the grant date, (2) the next annual stockholders meeting, or (3) a change in control, and will be

(3) settled upon vesting unless the reporting person elects to defer settlement to a later date. A pro rata portion of the award vests upon termination of board service due to death, disability or age 75 retirement.

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.