Edgar Filing: HELEN OF TROY LTD - Form 4

HELEN OF 7	FROY LTD										
Form 4											
December 03	, 2015										
FORM	4									OMB APPROVAL	
	• UNITE	D STATES					NGE (COMMISSION	OND	3235-0287	
Check this	s box		was	hington,	D.C. 20:	549			Number:	January 31	
if no longer				ANGES IN BENEFICIAL OWNE SECURITIES				NERSHIP OF	Expires: Estimated a burden hou response	2005 average irs per	
may conti	Form 5 obligations may continue. See Instruction 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 R	esponses)										
1. Name and Address of Reporting Person <u>*</u> RAFF BERYL			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			HELEN	OF TRO	Y LTD [HEL	E]	(Cheo	ck all applicable	e)	
(Last)	t) (First) (Middle) 3. Date of 1			 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015 4. If Amendment, Date Original Filed(Month/Day/Year) 				X_ Director 10% Owner Officer (give title Other (specify below) below)			
1 HELEN OF TROY PLAZA 12/01/2 (Street) 4. If Am											
								 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
EL PASO, T	X 79912							Person	More than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3. Transactio Code (Instr. 8)	ransactionAcquired (A) or ode Disposed of (D)			SecuritiesIBeneficially0OwnedIFollowing0Reported0	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
G				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares, par value \$0.10 per share	12/01/2015			А	170	А	(<u>1</u>) (<u>2</u>)	1,380	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)	5. orNumber of Derivativ Securitie Acquirec (A) or Disposec of (D) (Instr. 3, 4, and 5)	Expiration Da (Month/Day/Y ve s i	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	
Common share tax-offset right	<u>(2)</u>	12/01/2015		A	0 (2)	12/01/2015	12/01/2015	Common share tax-offset right	0 (2)	
Common share tax-offset right	(2)	12/01/2015		Х	0	12/01/2015	12/01/2015	Common share tax-offset right	0 (2)	

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Reporting Owners

Reporting Owner Name / Address	Relationships							
I O O	Director 10% Owner Officer		Officer	Other				
RAFF BERYL 1 HELEN OF TROY PLAZA EL PASO, TX 79912	Х							
Signatures								
Vincent D. Carson as Attorney- B. Raff	12/03/2015							

**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) Grant of restricted stock, which vested immediately and is accompanied by a tax-offset right.
- (2) The accompanying tax-offset right entitles the reporting person to receive, upon vesting of the restricted stock, a cash amount to pay certain tax liabilities incurred in connection with the event.

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.