## Edgar Filing: AARON'S INC - Form 4

AARON'S IN	чС										
Form 4	2015										
February 02,										PROVAL	
FORM	4 UNITED	STATES		ATTIES A			NGE C	OMMISSION	OMB OMB Number:	3235-0287	
Check this box				GES IN BENEFICIAL OWNERSHIP ( SECURITIES					Expires: January 3 200 Estimated average burden hours per		
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed pu	(a) of the I	Public Ut	6(a) of the	e Securit ling Con	npany	y Act of	e Act of 1934, 1935 or Sectior 0	response	0.5	
(Print or Type R	esponses)										
KOLB DAVID L Symb			Symbol	Name and		Tradii	ng	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. [ (Mo				Earliest Tra ay/Year)	-			(Check all applicable) <u>X</u> Director Officer (give title Delow) <u>Director</u> 10% Owner <u>Construction</u> Other (specify below)			
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ATLANTA,	GA 30305-							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	d 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)		
Common Stock	01/30/2015			A <u>(1)</u>	63	A	\$ 31.66	55,752	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	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transactio		6. Date Exercised Expiration D	ate	7. Titl Amou	int of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any (Month/Day/Waar)	Code	of Dominiation	(Month/Day/Year)		Underlying Securities		-	Secu
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				and 4)	(Instr. 5)	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		Relationsh						
	Director	10% Owner	Officer	Other				
KOLB DAVID L 309 E. PACES FERRY ROAD, N.E. ATLANTA, GA 30305-	Х							
Signatures								
s/ Robert Sinclair, by Power of Attorn Kolb	vid L.	02/	/02/2015					
**Signature of Reporting Person			Date					
Evaluation of Responses:								

## 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) Shares received from the issuer in lieu of cash due for director's fees.

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.