## Edgar Filing: LANTRONIX INC - Form 4

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Form 4											
May 20, 2016 FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
	UNITED	Washington, D.C. 20549							OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti See Instru	er <b>STATEN</b> 5. Filed pur <sup>s</sup> Section 17(	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Expires: Estimated a burden hou response n	ours per		
1(b). (Print or Type R	esponses)										
EDWARDS BRUCE C Symbol				Name and Ticker or Trading ONIX INC [LTRX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Chec				k all applicable)				
(Month/Da C/O LANTRONIX, 7535 IRVINE 05/19/20 CENTER DRIVE, SUITE 100				•			_X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street)		4. If Amer Filed(Mon	dment, Date Original n/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
IRVINE, CA	92618							Form filed by M Person	Nore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any	emed on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D	)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/19/2016			M( <u>1)</u>	5,000	A	\$ 0	95,000	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 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. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>	05/19/2016		М	5,000	(3)	(3)	Common Stock	5,000	\$

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
EDWARDS BRUCE C C/O LANTRONIX 7535 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618	Х					
Signatures						
/s/ Jeremy Whitaker, Attorney-in-fact for Bruc Edwards	ce C.	05	/20/2016	Ď		
<u>**</u> 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) Represent shares of common stock issued upon the vesting of restricted stock units ("RSUs") granted on November 19, 2015 (the "Grant Date").
- (2) RSUs convert into common stock on a one-for-one basis.
- (3) The RSUs vest at the rate of one half (1/2) of the shares vesting six (6) months following the Grant Date, and one half (1/2) of the shares vesting on the first anniversary of the Grant Date, such that the RSUs will be fully (100%) vested after one (1) year.

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.