Edgar Filing: BOZZO STEPHEN J - Form 4

| BOZZO STE | PHEN J | | | | | | | | | | | |
|--|---------------------------------------|--------------|---|---|--|--------|------------------------------------|--|---------------------------------------|-------------------------|--|--------|
| Form 4 | | | | | | | | | | | | |
| October 29, 2 | 2012 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | PPROVAL | | | |
| CUNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this | | | | | | | | | Expires: | January 31, | | |
| if no long subject to | | EMENT O | F CHAN | GES IN BENEFICIAL OWN | | | | NERSHIP OF | | 2005 | | |
| Section 10 | | | | SECURITIES | | | | | Estimated average burden hours per | | | |
| Form 4 or | : | | | | | | | | response | 0.5 | | |
| Form 5 obligation | · · · · · · · · · · · · · · · · · · · | | | | | | - | e Act of 1934, | | | | |
| may conti | | | | • | • | • • | | 1935 or Section | n | | | |
| See Instru | | 30(h) | of the In | vestment | Company | Act | of 194 | -0 | | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type R | (asponsas) | | | | | | | | | | | |
| (I fint of Type K | (csponses) | | | | | | | | | | | |
| 1. Name and A | ddress of Reportir | ng Person * | 2 Issuer | Name and | Ticker or T | Fradin | a. | 5. Relationship of | Reporting Pers | son(s) to | | |
| BOZZO STEPHEN J Symbol | | | | Name and Ticker or Trading | | | | Issuer | | | | |
| | | | | LOWERS COM INC | | | | (Check all applicable) | | | | |
| | | | | | | | | | | | | (Last) |
| (East) | (1130) | (Wildule) | (Month/D | f Earliest Transaction | | | Director give title Other (specify | | | | | |
| ONE OLD COUNTRY 10/26/20 | | | | - | | | | below) below) Chief Information Officer | | | | |
| ROAD, SUI | | | 10/20/20 | | | | | Chief In | formation Offi | cer | | |
| | ndment Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | Applicable Line) | | | | |
| | | | | | | | | _X_ Form filed by One Reporting Person | | | | |
| CARLE PLA | ACE, NY 1151 | 4 | | | | | | Form filed by M Person | Iore than One Re | porting | | |
| | | (7:) | | | | | | reison | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecurit | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of | 2. Transaction D | ate 2A. Deer | med | 3. 4. Securities Acquired | | | | | 6. Ownership | | | |
| Security | (Month/Day/Yea | | Execution Date, if any (Month/Day/Year) | | n(A) or Dis | • | | Securities Beneficially | Form: Direct | | | |
| (Instr. 3) | | | | | Code (Instr. 3, 4 and 5) (Instr. 8) | | | | (D) or Indirect (I) | Beneficial Ownership | | |
| | | (wonth) | | | (Instr. 8) | | | | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) | | | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | | |
| Class A | | | | | | | \$ | | | | | |
| Common | 10/26/2012 | | | F | 10,922 | D | ф 3.55 | 132,400 | D | | | |
| Stock | | | | | | | 5.55 | | | | | |

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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Add | ress | | Relationships | | | |
|---|------------|-----------|---------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| BOZZO STEPHEN J ONE OLD COUNTRY ROAD SUITE 500 CARLE PLACE, NY 11514 | | | Chief Information Officer | | | |
| Signatures | | | | | | |
| /s/Stephen J. Bozzo | 10/29/2012 | | | | | |
| <u>**</u> Signature of | Date | | | | | |

**Signature of Reporting Person

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).

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.