## Edgar Filing: 1 800 FLOWERS COM INC - Form 4

	ERS COM INC										
Form 4 September 15	5 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								ОМВ	OMB APPROVAL OMB 3235-0287		
Washington, D.C. 20549 Number:							January 31, 2005 average rs per				
	ddress of Reporting F	<b>S</b> 1	Symbol	Name and LOWERS		-	2	5. Relationship of Issuer (Chec	f Reporting Pers		
(Last) (First) (Middle) 3. Date of (Month/D ONE OLD COUNTRY ROAD, SUITE 500				-				Director 10% Owner X Officer (give title Other (specify below) below) President,GFGB			
	(Street) 4. If Amenda Filed(Month/				dment, Date Original n/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CARLE PLA	ACE, NY 11514								More than One Re		
(City)	(State) (	Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	on(A) or Dis (D)	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Class A Common Stock	09/11/2015			Code V A	Amount 26,952	(D) A	Price \$ 0	355,417	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	s I		Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Addres</b>	s	Relationships							
	Director	10% Owner	Officer	Other					
TAICLET DAVID ONE OLD COUNTRY ROAI SUITE 500 CARLE PLACE, NY 11514	)		President,GFGB						
Signatures									
/s/David Taiclet 0	9/15/2015								
<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).

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.