Edgar Filing: STAMPS.COM INC - Form 4

| Form 4 | | | | | | | | | | | | |
|---|--|--|------|---|---------------------------------------|------------------------------|-------------|---|--|---|--|--|
| February 04, FORM Check thi if no long subject to | I 4 UNITE | 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | |
| Section 1 Form 4 or Form 5 obligation may cont See Instru 1(b). | 6. r Filed <u>p</u> ns section 1 | 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 | | | | | | | | Estimated average burden hours per response 0.5 | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| MCBRIDE KENNETH THOMAS Symbol | | | | r Name and Ticker or Trading PS.COM INC [STMP] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) (First) (Middle) 3. Date o | | | | of Earliest Transaction Day/Year) 2014 | | | | (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO | | | | |
| | | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| EL SEGUN | DO, CA 90245 | 5 | | | | | | Person | fore than One Re | porung | | |
| (City) | (State) | (Zip) | Tabl | le I - Non- | Derivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | Yransaction Date 2A. Deemed both/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Secur ior(A) or D (Instr. 3, | ispose 4 and (A) or | 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 | 01/31/2014 | | | J <u>(1)</u> | 332 | А | \$ 33.54 | 5,780 | 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)

Reporting Owners

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

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|----------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MCBRIDE KENNETH THOMAS 1990 E. GRAND AVE. | x | | Chairman & CE | 0 | | | | |
| EL SEGUNDO, CA 90245 | Λ | | Chairman & CEO | | | | | |
| Signatures | | | | | | | | |
| /s/ Matthew A. Lipson, by Power of McBride | 02/04/2014 | | | | | | | |
| **Signature of Benerting | Data | | | | | | | |

**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).

(1) Shares acquired through the Company's Employee Stock Purchase Program.

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.

Date