Edgar Filing: MARINEMAX INC - Form 4

MARINEMA	AX INC										
Form 4	_										
July 03, 2017											
FORM	14 UNITE	D STATFS	SECUR	ITIFS A	ND FY(ԴԱՆ	NGE C	OMMISSION		PROVAL	
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN				GES IN I	N BENEFICIAL OWNERSHIP OF				Estimated average		
Section 1	5. SECURITIES						burden hours per				
Form 4 o Form 5				(a) = f + b	Const	ing F		- A -t -f 1024	response	0.5	
obligation	no -						•	e Act of 1934, 1935 or Sectior	h		
may cont	inue.			vestment	•	· ·			1		
See Instru 1(b).	iction				e e inpan	<i>j</i>					
(Print or Type F	Responses)										
1 Name and A	ddress of Reportin	ng Person *	2 Iaguan	Nama and	Tielen on	Tradia		5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. IssueBorst George ESymbol				uer Name and Ticker or Trading			Issuer	reporting ren	01(0) 10		
e 5			MARINEMAX INC [HZO]					(Charle all and itself)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)				
			(Month/D	n/Day/Year)			_X_ Director		Owner		
	ORMICK DRIV	/E, SUITE	06/30/20)17				Officer (give below)	title Othe below)	er (specify	
200											
				nendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CLEARWA	TER, FL 3375	9						Form filed by M			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D		3. 4. Securities Acquired				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Yea	any Execution	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
((Month/Da					- /	Owned	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common						. ,	\$				
	06/30/2017			А	799	А	19.55	8,419	D		
Stock	06/30/2017			А	799	А	19.55 (1)	8,419	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. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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	Relationships							
r of the term	Director	10% Owner	Officer	Other				
Borst George E 2600 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 33759	Х							
Signatures								
Michael McLamb, Attorney-in-Fact for Geo Borst	orge E.	07/03/2017						
<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) The shares were issued to the reporting person representing the quarterly portion of the director's annual retainer fee.

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.