Edgar Filing: COLLECTORS UNIVERSE INC - Form 4

| COLLECTOF Form 4 April 07, 2015 | RS UNIVERSE | INC | | | | | | | | | |
|---|---|---------------------|-----------------------------------|--|---|--------------------------------|-------------------|---|--|----------|--|
| · | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir <i>See</i> Instruct 1(b). | Filed pur Section 17(| suant to sa) of the | F CHAN Section 10 Public Ut | GES IN I SECUR | BENEF ITIES e Securit ling Con | I CIA ies E npany | xchange Act of | NERSHIP OF e Act of 1934, 1935 or Section 0 | Expires: Estimated a burden hour response | • | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| Wallace Joseph John Symbol | | | | Name and | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D C/O COLLECTORS UNIVERSE, 03/31/20 INC., P.O. BOX 6280 | | | | - | ansaction | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer | | | |
| Filed(Mon | | | | ndment, Dat th/Day/Year) | - | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| NEWPORTI | BEACH, CA 92 | 658 | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| | 2. Transaction Data (Month/Day/Year) | Executio any | | 3. Transactio Code (Instr. 8) Code V | 4. Securi n(A) or Di (Instr. 3, Amount | spose | 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 | 03/31/2015 | | | F <u>(1)</u> | 502 | D | \$ 22.56 | 101,038 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Instr. 8) | 5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | Date | Amor Unde Secur | le and unt of rlying tities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|-------------------------------------|--|---------------------|--------------------|-----------------------|--|---|--|
| | | | | Code V | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|------------|---------------|-------------------------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| Wallace Joseph John C/O COLLECTORS UNI P.O. BOX 6280 NEWPORT BEACH, CA | | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Joesph J. Wallace | 04/07/2015 | | | | | | | |
| **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).
- (1) In connection with the vesting of 1,249 shares of restricted stock held by the Reporting Person, a total of 502 of those shares were cancelled to pay the minimum statutory withholding taxes.

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.