## Edgar Filing: MITEK SYSTEMS INC - Form 4

MITEK SYS	STEMS INC												
Form 4													
November 10	0, 2015												
FORM	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITE	D STATES				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi if no long	ter									Expires:	January 31,		
subject to		EMENT O	F CHAN	HANGES IN BENEFICIAL OWNERSH						Estimated a	2005 average		
Section 1				SECU	SECURITIES					burden hours per			
Form 4 or Form 5			a		. 1	a			response				
obligation	• •							-	ge Act of 1934,				
may cont	inue. Section I		of the In	•		•	· ·		f 1935 or Sectio	n			
See Instru 1(b).	uction	50(II)	of the fir	vestmer	n C	Joinpan	y Aci	t 01 194	+0				
(Print or Type F	Responses)												
1. Name and Address of Reporting Person *2. IssueDEBELLO JAMES BSymbol									5. Relationship of Reporting Person(s) to Issuer				
			MITEK	SYSTE	EM	S INC [	MIT	K]	(Chec	k all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Tra	nsaction			~	11	, 		
0011 D 41 D			(Month/D	•					X Director X Officer (give		Owner er (specify		
8911 BALB	OA AVENUE	E, SUITE B	11/09/20	)15					below)	below) sident & CEO	er (speeny		
	(Streat)		4 10 4	1		01					(61 1		
	(Street)		4. If Amer Filed(Mon			eOriginal			6. Individual or Jo Applicable Line)	oint/Group Filii	1g(Check		
			1 neu(mon	ui/Day/10	<i>.a</i> i <i>)</i>				_X_Form filed by (	One Reporting Pe	erson		
SAN DIEGO	O, CA 92123								Form filed by M Person	Nore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I			3.		4. Securi		-		6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ear) Executio any	on Date, if	Transac Code	ctio	n(A) or Di (D)	spose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		•	Day/Year)	(Instr. 8	3)	(Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership		
			-						Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				0.1			or	D ·	(Instr. 3 and 4)				
Common					V	Amount 9,050	(D)	Price \$					
Stock	11/09/2015			S		<u>(1)</u>	D	φ 3.87	514,542 <u>(2)</u>	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,	(Month/Day/Year) rivative curities quired ) or sposed (D)		Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code	4, and 5) 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				
DEBELLO JAMES B 8911 BALBOA AVENUE SUITE B SAN DIEGO, CA 92123	х		President & CEO					
Signatures								
/s/ John M. Thornton, by Powe Attorney	er of	11,	/10/2015					
**Signature of Reporting Persor	1		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) Represents the disposition of shares to pay withholding taxes upon vesting of 26,874 restricted stock units in satisfaction of such withholding obligation.
- (2) Comprised of 452,460 shares of common stock and 62,082 shares subject o restricted stock units held by the reporting person.

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.