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DICKS SPORTING GOODS INC Form 3 August 05, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

Person * Stateme Â Tyson Holly R (Month/	nt 'Day/Year)	3. Issuer Nam DICKS SPO			ng Symbol S INC [DKS]		
(Last) (First) (Middle) 08/03/		4. Relationshi Person(s) to Is		;	5. If Amendment, Date Original Filed(Month/Day/Year)		
345 COURT STREET							
(Street) CORAOPOLIS, PA 15108		Director X Officer (give title below	Other	Owner : ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)	Table I - N	on-Derivat	ive Securiti	es Bei	neficially Owned		
1.Title of Security (Instr. 4)	2. Amount of Beneficially ((Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	•		
No securities are beneficially owned	0		D	Â			
Reminder: Report on a separate line for each class o owned directly or indirectly.	of securities beneficia	ally SI	EC 1473 (7-02)			
Persons who respond to information contained in required to respond unles currently valid OMB contr	this form are not ss the form displa	ays a					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							

1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Inderlying	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Tyson Holly R 345 COURT STREET CORAOPOLIS, PA 15108	Â	Â	Chief Human Resources Officer	Â			
Signatures							
/s/ Holly R. 08/ Tyson	05/2016						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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.