SMITH ROBERT G Form 4

March 04, 2013

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5 Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person *

03/01/2013

Stock

SMITH ROBERT G			Symbol MARTE	2. Issuer Name and Ticker or Trading Symbol MARTEN TRANSPORT LTD [MRTN]				Issuer (Check all applicable)			
(Last) (First) (Middle) 129 MARTEN STREET (Street) MONDOVI, WI 54755			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013				Director 10% Owner _X_ Officer (give title Other (specify below) Chief Operating Officer			
				4. If Amendment, Date Original Filed(Month/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 Person			
	(City)	(State) (Z	Zip) Tabl	e I - Non-D	erivative S	Securiti	ies Ac	quired, Disposed (of, or Beneficial	lly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Pri			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Common	03/01/2013		٨	2,233	٨	0.2	12 640 51 (2)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Α

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

12,649.51 (2)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(1)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secui
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired		Securities (Instr. 3 and 4)	(Instr. 5)	Bene	
								4)	Own	
									Follo	
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amou	ınt	
								or		
						Date Exercisable	Expiration Date	Title Numb	er	
								of		
				Code V	(A) (D)			Shares	S	

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

SMITH ROBERT G 129 MARTEN STREET MONDOVI, WI 54755

Chief Operating Officer

Signatures

/s/ James J. Hinnendael, 03/04/2013 attorney-in-fact

**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) Includes 1,624 shares that the reporting person has deferred under the Issuer's deferred compensation plan.
- Includes: (i) 900 shares granted under a Performance Unit Award Agreement that vest on 12/31/2013 through 12/31/2014, (ii) 900 shares granted under a Performance Unit Award Agreement that vest on 12/31/2013 through 12/31/2015, (iii) 1,060 shares granted under a **(2)** Performance Unit Award Agreement that vest on 12/31/2013 through 12/31/2016 and (iv) 4,970.51 shares that the reporting person has deferred under the Issuer's deferred compensation plan.

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.

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