Edgar Filing: LANTRONIX INC - Form 4

LANTRONI	X INC											
Form 4												
November 19	9, 2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										APPROVAL		
	UNITE	LD STATE				ND EX D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box				siningu	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.C. 20	549				January 31,	
if no long		STATEMENT OF CHANGES IN BENEFICIAL OWNE							NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAT Section 16.				SECURITIES						Estimated average burden hours per		
	Form 4 or									response 0.5		
Form 5		^						•	e Act of 1934,			
obligation may cont				•		•	· ·		1935 or Section	n		
See Instru		30(h)) of the In	vestme	ent C	Compar	y Ac	t of 194	0			
1(b).												
(Print or Type R	Responses)											
51	1											
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
Robinson Ro	obert O.		Symbol					0	Issuer			
			LANTE	TRONIX INC [LTRX]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	f Earliest	t Tra	nsaction			(Chee)	k all applicable	<i>(</i>)	
(Month/E				n/Day/Year)					Director 10% Owner			
			17/2014					XOfficer (give title Other (specify below) below)				
TECHNOLOGY DRIVE									VP, World Wide Sales			
			nendment, Date Original Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
	00(10								_X_Form filed by C Form filed by M			
IRVINE, CA	4 92618								Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Fransaction Date 2A. Deemed				4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct Bene	Beneficial Ownership	
		(Ivionui/	Day/Teal)	(msu.	8)				Following	(D) or Indirect (I)	(Instr. 4)	
							(A)		Reported	(Instr. 4)		
							or		Transaction(s) (Instr. 3 and 4)			
C				Code	V	Amount	(D)	Price	(2115tr. 9 tilter 1)			
Common Stock	11/17/2014			J (1)	V	6,031	А	\$ 1.258	15,466	D		
STOCK								1.230				

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)

Edgar Filing: LANTRONIX INC - Form 4

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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								
	Director	10% Owner	Officer	Other					
Robinson Robert O. C/O LANTRONIX 167 TECHNOLOGY DRIVE IRVINE, CA 92618			VP, World Wide Sales						
Signatures									
/s/ Jeremy Whitaker, Attorney- Robinson	11/19/2014								
**Signature of Reporting	ng 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) Represent shares of common stock acquired through the Lantronix, Inc. 2013 Employee Stock Purchase 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.