Edgar Filing: Summer Infant, Inc. - Form 4

| Summer Infan | nt, Inc. | | | | | | | | | | | |
|--|-----------------------------------|---------------|-----------------------|--|------------|--|------------------|--|----------------------------------|--------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| August 15, 20 |)14 | | | | | | | | <u></u> | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | r | OMB APPROVAL | | | | |
| | | | | | | | OND | 3235-0287 | | | | |
| Check this | s box | | vv as | nington, | D.C. 203 | 949 | | | Number: | January 31, | | |
| if no longer | | | | GES IN BENEFICIAL OWNERSHIP OF | | | | Expires: | 2005 | | | |
| subject to | | | | | SECURITIES | | | | Estimated average | | | |
| Section 16 Form 4 or | | | | SECON | | | | | burden hours per response 0.8 | | | |
| Form 5 | | oursuant to S | Section 16 | 6(a) of the | Securiti | es Ey | chang | ge Act of 1934, | 16500156 | 0.5 | | |
| obligation | ^s Section 1 | | | · · / | | | | of 1935 or Sectio | n | | | |
| may conti See Instru | nue. | | of the Inv | | | | | | | | | |
| 1(b). | etton | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | 11 (D | P * | | | | | | 5 5 1 1. | | | | |
| 1. Name and Ad MACARI JA | ddress of Reportir | ng Person _ | | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| MACANIJA | | | Symbol | | | | | | | | | |
| Summer | | | | er Infant, Inc. [SUMR] | | | | (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | | Earliest Tra | insaction | | | | | | | |
| (Month/Da | | | - | | | _X_ Director _X_ 10% Owner Officer (give titleOther (specify below) below) | | | | | | |
| 3100 DIAMOND HILL ROAD 08/13/20 | | | | 2014 | | | | | | | | |
| | | | ndment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | | |
| | | | nth/Day/Year) | | | | Applicable Line) | | | | | |
| | | | | | | | | _X_ Form filed by | | | | |
| CUMBERLA | AND, RI 0286 | 4 | | | | | | Form filed by M Person | Note than One K | eporting | | |
| (City) | (State) | (Zip) | Table | I Non D | | loouni | tion A a | quired, Disposed o | f or Ponoficial | lly Owned | | |
| | | - | | | | | ues Ac | | | - | | |
| 1.Title of Security | 2. Transaction E (Month/Day/Ye | | on Date, if | 3. Transactic | 4. Securi | | r | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | |
| (Instr. 3) | (Wohth Day Te | any | on Date, n | TransactionAcquired (A) or Code Disposed of (D) | | | | (D) or | Beneficial | | | |
| . , | | - | /Day/Year) | (Instr. 8) | | | | Owned | Indirect (I) | Ownership | | |
| | | | | | | | | Following Reported | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Transaction(s) | | | | |
| ~ | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | | |
| Common | 08/13/2014 | | | А | 7,500 | А | \$0 | 3,200,894 | D | | | |
| Stock | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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) | 4. Transactic Code (Instr. 8) | of | (Month/Day. ive es ed ed | Date | Amou Under Secur | le and unt of rlying tities (. 3 and 4) | 8. Price of 9. Derivative D Security S. (Instr. 5) B 4) O F R T (I | |
|---|---|---|--|--------|--------------------------------------|--------------------|------------------------|---|--|--|
| | | | Code 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 | | | |
| MACARI JASON P 3100 DIAMOND HILL ROAD CUMBERLAND, RI 02864 | Х | Х | | | | | |
| Signatures | | | | | | | |
| /s/ James Redding, Attorney-in-Fact | (| 08/15/2014 | | | | | |
| **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).

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.