## Edgar Filing: KOSS CORP - Form 4

| KOSS CORP   | •                                    |                    |                       |  |             |                             |            |  |  |                        |
|---|--------------------------------------|--------------------|-----------------------|--|-------------|-----------------------------|------------|--|--|------------------------|
| Form 4  |                                      |                    |                       |  |             |                             |            |  |  |                        |
| February 11,  | 2015                                 |                    |                       |  |             |                             |            |  |  |                        |
| FORM  | 4                                    |                    | GEGUD                 |  |             |                             |            |  |  | PPROVAL                |
|   | UNITED                               | ) STATES           |                       | ITTES A.<br>hington,                             |             |                             | NGE (      | COMMISSION   | OMB<br>Number:   | 3235-0287              |
| Check this<br>if no long<br>subject to<br>Section 16<br>Form 4 or | er <b>STATE</b>                      | MENT OI            | F CHAN                | GES IN I<br>SECUR                                |             | CIA                         | LOW        | NERSHIP OF   | Expires:<br>Estimated a<br>burden hou<br>response                    | rs per                 |
| Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b).   | <sup>s</sup> nue. Section 17         | (a) of the l       | Public Ut             |  | ing Com     | ipany                       | Act of     | ge Act of 1934,<br>f 1935 or Sectio<br>40  |  |                        |
| (Print or Type R  | esponses)                            |                    |                       |  |             |                             |            |  |  |                        |
| 1. Name and Ad<br>Nixon Theod                                     | ddress of Reporting<br>lore          | g Person <u>*</u>  | Symbol                | Name and   |             | Fradir                      | ıg         | 5. Relationship of<br>Issuer   |  |                        |
| (Last)  | (First)                              | (Middle)           | 3. Date of            | Earliest Tra                                     | ansaction   |                             |            | (Chec  | k all applicable   | e)                     |
| 100 SOUTH   | SPRING STRI                          | EET                | (Month/Da<br>02/11/20 | ay/Year)   |             |                             |            | X Director<br>Officer (give<br>below)  |  | • Owner<br>er (specify |
|   | (Street)                             |                    |                       | ndment, Dat<br>th/Day/Year)                      | -           |                             |            | 6. Individual or Jo<br>Applicable Line)<br>_X_ Form filed by 0   | -  | -                      |
| LOUISVILL   | LE, KY 40206                         |                    |                       |  |             |                             |            |  | Aore than One Re   |                        |
| (City)  | (State)                              | (Zip)              | Table                 | e I - Non-D                                      | erivative S | Securi                      | ties Acc   | quired, Disposed of  | f, or Beneficial   | ly Owned               |
| 1.Title of<br>Security<br>(Instr. 3)                              | 2. Transaction Da<br>(Month/Day/Year | r) Executio<br>any |                       | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V |             | spose<br>4 and<br>(A)<br>or | d of       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                        |
| Common<br>Stock   | 02/11/2015                           |                    |                       | Р  | 5,000       | A                           | \$<br>2.19 | 25,000   | 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)

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| 1. Title of<br>Derivative | 2.<br>Conversion        | 3. Transaction Date<br>(Month/Day/Year) |                         | 4.<br>Transact     | 5.<br>ionNuml           | ber    | 6. Date Exer<br>Expiration D |                    | 7. Tit<br>Amou | le and<br>unt of                       | 8. Price of<br>Derivative | 9. Nu<br>Deriv  |
|---------------------------|-------------------------|---|-------------------------|--------------------|-------------------------|--------|------------------------------|--------------------|----------------|--|---------------------------|-----------------|
| Security<br>(Instr. 3)    | or Exercise<br>Price of |   | any<br>(Month/Day/Year) | Code<br>(Instr. 8) | of<br>Deriv             | vative | (Month/Day/<br>e             | Year)              | Under          | rlying<br>ities                        | Security (Instr. 5)       | Secur<br>Bene   |
|                           | Derivative              |   |                         |                    | Secur                   |        |                              |                    | (Instr         | . 3 and 4)                             |                           | Owne            |
|                           | Security                |   |                         |                    | Acqu<br>(A) o           |        |                              |                    |                |  |                           | Follo<br>Repo   |
|                           |                         |   |                         |                    | Dispo<br>of (D          |        |                              |                    |                |  |                           | Trans<br>(Instr |
|                           |                         |   |                         |                    | (Instr. 3,<br>4, and 5) |        |                              |                    |                | (msu                                   |                           |                 |
|                           |                         |   |                         | Code V             | (A)                     | (D)    | Date<br>Exercisable          | Expiration<br>Date | Title          | Amount<br>or<br>Number<br>of<br>Shares |                           |                 |

## **Reporting Owners**

| Reporting Owner Name / Address                                    | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| Nixon Theodore<br>100 SOUTH SPRING STREET<br>LOUISVILLE, KY 40206 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| Theodore Nixon 02/  | 11/2015       |           |         |       |  |  |  |
| <u>**</u> Signature of<br>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.