## Edgar Filing: 1 800 FLOWERS COM INC - Form 4

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Form 4 September 14	5 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									r	OMB APPROVAL		
Check this box if no longer subject to Section 16. Check this box if no longer subject to Section 16. Check this box if no longer subject to Section 16. Check this box if no longer Section 16. Check this bo						OMB 3235-028 Number: January 3 Expires: 200 Estimated average burden hours per response 0						
(Print or Type R	esponses)											
MCCANN JAMES F Symbol				r Name <b>and</b> Ticker or Trading LOWERS COM INC I				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ONE OLD COUNTRY ROAD, SUITE 500 (Street) 4. If Amer				-				below)	Director Owner Officer (give title Other (specify below) Chairman and CEO			
				nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CARLE PLA	ACE, NY 1151	4							More than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yes	ar) Execution any	on Date, if	3. Transactio Code (Instr. 8)	on(A) or Dis (D)	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (nast: 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Class A Common Stock	09/11/2015			Code V	Amount 60,710	(D) A	Price \$ 0	(Instr. 3 and 4) 313,608	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)

De Se	Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. 6. Date Exe ionNumber Expiration of (Month/Day Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	s	Relationships							
	Director	10% Owner	Officer	Other					
MCCANN JAMES F ONE OLD COUNTRY ROAI SUITE 500 CARLE PLACE, NY 11514	) x	Х	Chairman and CEO						
Signatures									
/s/James F. 0 McCann	9/15/2015								
**Signature of	Date								

\*\*Signature of Reporting Person

## **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.