Edgar Filing: INTERFACE INC - Form 4

INTEDEACE INC

Form 4											
March 03, 2	_									PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check the if no lon subject to Section	F CHANGES IN BENEFICIAL OWNER SECURITIES					ERSHIP OF	Expires: Estimated a burden hou	rs per			
Form 5 obligation may con	Form 4 or Form 5 obligations may continue.response0.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 30(h) of the Investment Company Act of 19400.								0.5		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> WELLS JOHN R			2. Issuer Name and Ticker or Trading Symbol INTERFACE INC [TILE]					5. Relationship of Reporting Person(s) to			
(Last) (First) (Middle) 2859 PACES FERRY ROAD, OVERLOOK III, SUITE 2000			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015					(Check all applicable) Director 10% Owner XOfficer (give title Other (specify below) Sr. Vice President			
				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)	(Zip)	Tab	ole I - Non-l	Derivative	Secu		ired, Disposed of,	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date,		ed Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	02/27/2015			S	10,000	D		244,211 <u>(2)</u>	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 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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
WELLS JOHN R 2859 PACES FERRY ROAD OVERLOOK III, SUITE 2000 ATLANTA, GA 30339			Sr. Vice President					
Signatures								
/s/ David B. Foshee, Attorney in Fact		03/03/201	5					
**Signature of Reporting Person		Date						
Explanation of Responses:								
* If the form is filed by more than one reporting person, <i>see</i> 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) Reflects a weighted average sale price of \$20.4398. The shares were sold in multiple transactions at prices ranging from \$20.405 to \$20.472 per share, inclusive. The reporting person will provide to Interface, Inc., such security holder of Interface, Inc., or the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.

(2) A substantial number of such shares are restricted shares subject to a risk of forfeiture under certain circumstances.

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.