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if no lo subject Section Form 4 Form 5 obligati may co <i>See</i> Insi 1(b).	VI 4 this box nger to 16. or sons ntinue. truction STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STATEN STA	MENT OF rsuant to S (a) of the 1	Wa F CHAI Section Public U	ashington NGES IN SECU 16(a) of t Jtility Hc	n, D.C. 20 N BENEF RITIES the Securit	549 ICIA ies E ipany	L OWNF xchange A y Act of 1	MMISSION ERSHIP OF Act of 1934, 935 or Section	OMB AP OMB Number: Expires: Estimated av burden hour response	•	
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Syngal Sonia			2. Issuer Name and Ticker or Trading Symbol GAP INC [GPS]				-0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check				all applicable)	1			
TWO FOLSOM ST			(Month/Day/Year) 03/16/2015					Director 10% Owner X Officer (give title Other (specify below) below) EVP, Supply Chain & Prod. Ops.			
				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN FRA	NCISCO, CA 941	05-1205					_	Form filed by Mo erson			
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative	Secur	ities Acquir	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	orDisposed c (Instr. 3, 4	f (D) and 5) (A) or)	 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	00/11/2/00/17			Code V		(D)	Price		P		
Stock	03/16/2015			S	4,320	D	\$ 41.243	3 634.035	D		
Common Stock	03/16/2015			S	634.035	D	\$ 41.2426	0	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.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)			ate	7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 41.27	03/16/2015		А	35,000	<u>(1)</u>	03/16/2025	Common Stock	35,(

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director 10% Owner Officer		Officer	Other		
Syngal Sonia TWO FOLSOM ST SAN FRANCISCO, CA 94105-1205			EVP, Supply Chain & Prod. Ops.			
Signatures						
By: David Jedrzejek, Power of Attorn	ey For: S	onia				
Syngal			03/17/2015			
**Signature of Reporting Person	n		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) On March 16, 2015, the reporting person was granted an option to purchase a total of 35,000 shares, vesting in four equal annual installments beginning on the first anniversary of the grant date.

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.