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#### HD Supply Holdings, Inc. Form 3 September 09, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number 09 3235-0104

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 1940

(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>AFFELDT KATHLEEN J   |                                 |         |                | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year) | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br>HD Supply Holdings, Inc. [HDS] |                         |        |   |  |
|---|---------------------------------|---------|----------------|---|--|-------------------------|--------|---|--|
|   | (Last)                          | (First) | (Middle)       | 09/05/2014  | 4. Relationshi<br>Person(s) to I   | p of Reporting<br>ssuer |        | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |
| 31  | 00 CUMBI                        | ERLAND  | BLVD,          |   |  |                         |        |   |  |
| SUITE 1700  |                                 |         |                |   | (Check all applicable)   |                         |        |   |  |
| (Street)<br>ATLANTA, GA 30339   |                                 |         | 339            |   | Director 10% Owner<br>Officer Other<br>(give title below) (specify below)            |                         | ow)    | 6. Individual or Joint/Group<br>Filing(Check Applicable Line)<br>_X_Form filed by One Reporting<br>Person |  |
|   |                                 |         |                |   |  |                         |        | Form filed by More than One<br>Reporting Person   |  |
|   | (City)                          | (State) | (Zip)          | Table I - N   | lon-Derivat  | ive Securiti            | es Ber | neficially Owned  |  |
| 1.Title of Security<br>(Instr. 4)   |                                 |         |                | 2. Amount o<br>Beneficially<br>(Instr. 4)                   |  |                         | •      |   |  |
| Co  | ommon Sto                       | ck      |                | 0   |  | D                       | Â      |   |  |
|   | ninder: Repor<br>ned directly o | -       | te line for ea | ch class of securities benefic                              | ially S  | EC 1473 (7-02)          | )      |   |  |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number. |                                 |         |                |   |  |                         |        |   |  |

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date | 3. Title and Amount of Securities Underlying | 4.<br>Conversion        | 5.<br>Ownership         | 6. Nature of Indirect<br>Beneficial Ownership |
|--|---|--|-------------------------|-------------------------|---|
|  | (Month/Day/Year)                        | Derivative Security<br>(Instr. 4)            | or Exercise<br>Price of | Form of Derivative      | (Instr. 5)                                    |
|  |   | Title  | Derivative<br>Security  | Security:<br>Direct (D) |   |

### Edgar Filing: HD Supply Holdings, Inc. - Form 3

| Date        | Expiration | Amount or | or Indirect |
|-------------|------------|-----------|-------------|
| Exercisable | Date       | Number of | (I)         |
|             |            | Shares    | (Instr. 5)  |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |
|---|---------------|-----------|---------|-------|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |
| AFFELDT KATHLEEN J<br>3100 CUMBERLAND BLVD, SUITE 1700<br>ATLANTA, GA 30339 | Â             | Â         | Â       | Â     |  |  |
| Signatures  |               |           |         |       |  |  |
| /s/ James F. Brumsey, as Attorney-in-Fact for Kathleen J. 09<br>Affeldt     |               |           |         |       |  |  |
| **Signature of Reporting Person   |               |           |         | Date  |  |  |

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.