SEC Form 5

Ш

П

П

FORM 5

Form 3 Holdings Reported.

m 4 Transactions Reported

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0362 |
|--------------------------|-----------|
| Estimated average burden | |
| hours per response: | 1.0 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | no reponed. | | or occurr of (i) or the investment company for or 1040 | | | | | |
|---|---------------|----------------|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person [*] Lang Trevor | | ,* | 2. Issuer Name and Ticker or Trading Symbol <u>Floor & Decor Holdings, Inc.</u> [FND] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) C/O FLOOR & DECOR HOLDINGS, INC. | | () | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/26/2019 | Director 10% Owner X Officer (give title Other (specify below) below) EVP AND CFO | | | | |
| 2500 WINDY RIDGE PARKWAY, SE (Street) ATLANTA GA 30339 | | 7, SE 30339 | 4. If Amendment, Date of Original 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) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | ecurity (Instr. 3) 2. Transaction 2A Date Ex (Month/Day/Year) if a | | 3. Transaction Code (Instr. | 4. Securities Acqui (Instr. 3, 4 and 5) | red (A) or l | Disposed Of (D) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|---------------------|-----------------------------------|--|---------------|-------------------|---|---|---|
| | (wonth/bay/rear) | (Month/Day/Year) 8) | | Amount | (A) or (D) | Price | at end of Issuer's Fiscal Year (Instr. 3 and 4) | (I) (Instr. 4) | |
| Class A common stock, par value \$0.001 | 03/05/2019 | | G | 2,650 | D | \$ <mark>0</mark> | 136,019 | D | |
| Class A common stock, par value \$0.001 | 08/22/2019 | | G | 17,800 | D | \$ <mark>0</mark> | 118,219 | D | |
| Class A common stock, par value \$0.001 | | | | | | | 1,287 | I | By daughter |
| Class A common stock, par value \$0.001 | | | | | | | 1,287 | I | By daughter |

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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | Derivative Expiration Date Securities (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following | Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
|--|---|---|---|---|-----|--|---------------------|--|--|-------------------------------------|--|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | | |

Explanation of Responses:

/s/ Monica Shilling, by power of 01/17/2020 attorney

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

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 Number.