Edgar Filing: HOMEAWAY INC - Form 4

| HOMEAWA Form 4 | Y INC | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------|--------------------------------------------------|------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| August 05, 20 |)13 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | 9PROVAL 3235-0287 | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940 | | | | | | | burden hou response | Estimated average burden hours per response 0.5 | | |
| (Print or Type Re | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person * Baker Charles2. Issue Symbol | | | Symbol | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| НО | | | | IOMEAWAY INC [AWAY] | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D) C/O HOMEAWAY, INC., 1011 W. 08/01/20 FIFTH STREET, SUITE 300 | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| AUSTIN, TX | K 78703 | | | | | | | Form filed by Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executio any | emed on Date, if /Day/Year) | 3. Transactic Code (Instr. 8) Code V | Disposed (Instr. 3, | (A) of of (D 4 and (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 Stock | 08/01/2013 | | | А | 1,427 (1) | А | \$0 | 1,427 | 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. Transacti Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. l De See (In |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|---------------------------------------------------------------------|-------------------------------------|--------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Right to Buy) | \$ 30.52 | 08/01/2013 | | A | 7,472 | (2) | 08/01/2023 | Common Stock | 7,472 | |
| Stock Option (Right to Buy) | \$ 22.07 | | | | | (3) | 06/06/2022 | Common Stock | 13,514 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--------------------------------------------------------------------------------------------|---------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Baker Charles C/O HOMEAWAY, INC. 1011 W. FIFTH STREET, SUITE 300 AUSTIN, TX 78703 | Х | | | | | |
| Signatures | | | | | | |
| Melissa Fruge (as Attorney-in-Fact for G Baker) | Charles | 08/05/2013 | | | | |
| ** Signature of Reporting Person | | | 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) Represents restricted stock units awarded to the reporting person. 100% of the shares subject to the restricted stock units vest on the one-year anniversary of the vesting commencement date, such that the award will be fully-vested on August 1, 2014.
- (2) 1/12 of the shares of common stock subject to the option vests each month following the vesting commencement date, such that the award will be fully-vested on August 1, 2014.
- (3) Exercisable in twelve equal monthly installments beginning on the date of grant.

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.