Edgar Filing: SINCLAIR ROBERT P JR - Form 4

| SINCLAIR R | OBERT P JR | | | | | | | | | | |
|--|------------|----------|--|---|----------------|-------------------------------------|--|---|--|---|--|
| Form 4 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | - 3935-0987 | | | |
| Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OV SECURITIESForm 4 or Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchan Section 17(a) of the Public Utility Holding Company Act of 30(h) of the Investment Company Act of 19 | | | | | chang Act o | ge Act of 1934, f 1935 or Sectio | January 31, 2005 average irs per 0.5 | | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| SINCLAIR ROBERT P JR Syn | | | 2. Issuer Name and Ticker or Trading Symbol AARON'S INC [AAN] | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Che | | | | (Che | ck all applicable) | | | |
| 400 GALLERIA PARKWAY SE, 08/21/2 SUITE 300 | | | | th/Day/Year) 1/2018 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Corporate Controller | | | |
| | | | | ndment, Date Original th/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 | | | |
| ATLANTA, | GA 30339 | | | | | | | Person | viore than One R | eporung | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year) | | | on Date, if | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 08/21/2018 | | | S <u>(1)</u> | 443 | D | | 10,709 | D | | |
| Common Stock | | | | | | | | 4,971.74 | I | By: 401(k) Plan | |

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

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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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne 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 | | | |
| SINCLAIR ROBERT P JR 400 GALLERIA PARKWAY SE, SUITE 300 ATLANTA, GA 30339 | | | Corporate Controller | | | | |

Signatures

Robert P. 08/21/2018 Sinclair

<u>**</u>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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

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.