

STAFFIERI RONALD S  
 Form 3  
 January 07, 2003

[QuickLinks](#) -- Click here to rapidly navigate through this document

SEC 1473 (09-02) **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 CONTROL NUMBER.**

|  |  |   |
|--|--|---|
| <b>FORM 3</b>  | <b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br>Washington, D.C. 20549  | <b>OMB APPROVAL</b>   |
| <b>INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES</b> |  |   |
| (Print or Type Responses)                                      | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or<br>Section 30(h) of the Investment Company Act of 1940 | OMB Number: 3235-0104<br>Expires: January 31, 2005<br>Estimated average burden hours per response ... 0.5 |

|  |   |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
|--|---|---|--|--------|---|-----------------------------------|------------------------------------|--|---|--------------------------------|--|--|--------|---------------------------------|-------|--|---------|-------|--|--|
| 1. Name and Address of Reporting Person*<br><br><table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Staffieri</td> <td style="width: 33%; text-align: center;">Ronald</td> <td style="width: 33%; text-align: center;">S.</td> </tr> <tr> <td style="text-align: center;">(Last)</td> <td style="text-align: center;">(First)</td> <td style="text-align: center;">(Middle)</td> </tr> <tr> <td colspan="3" style="text-align: center; border-top: 1px solid black;">8000 Bent Branch Drive</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Street)</td> </tr> <tr> <td style="text-align: center; border-top: 1px solid black;">Irving</td> <td style="text-align: center; border-top: 1px solid black;">Texas</td> <td style="text-align: center; border-top: 1px solid black;">75063</td> </tr> <tr> <td style="text-align: center;">(City)</td> <td style="text-align: center;">(State)</td> <td style="text-align: center;">(Zip)</td> </tr> </table>   | Staffieri   | Ronald  | S.   | (Last) | (First)   | (Middle)                          | 8000 Bent Branch Drive             |  |   | (Street)                       |  |  | Irving | Texas                           | 75063 | (City)   | (State) | (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br>December 30, 2002 | 4. Issuer Name and Ticker or Trading Symbol<br>Michaels Stores, Inc. (MIK) |
| Staffieri  | Ronald  | S.  |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| (Last)   | (First)   | (Middle)  |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| 8000 Bent Branch Drive   |   |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| (Street)   |   |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| Irving   | Texas   | 75063   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| (City)   | (State)   | (Zip)   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;">                     3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)                 </td> <td style="width: 33%; vertical-align: top;">                     5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                 </td> <td style="width: 33%; vertical-align: top;">                     6. If Amendment, Date of Original (Month/Day/Year)                 </td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Director</td> <td style="width: 33%;"><input type="checkbox"/> 10% Owner</td> <td style="width: 33%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>                     (give title below) (specify below)                 </td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black; text-align: center;">President Michaels Stores Group</td> <td style="border-top: 1px solid black;"></td> </tr> </table> | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | 6. If Amendment, Date of Original (Month/Day/Year) |        | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Director</td> <td style="width: 33%;"><input type="checkbox"/> 10% Owner</td> <td style="width: 33%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> (give title below) (specify below) | <input type="checkbox"/> Director | <input type="checkbox"/> 10% Owner |  | <input checked="" type="checkbox"/> Officer | <input type="checkbox"/> Other |  |  |        | President Michaels Stores Group |       | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |         |       |  |  |
| 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   | 6. If Amendment, Date of Original (Month/Day/Year)                      |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
|  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Director</td> <td style="width: 33%;"><input type="checkbox"/> 10% Owner</td> <td style="width: 33%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> (give title below) (specify below) | <input type="checkbox"/> Director                                       | <input type="checkbox"/> 10% Owner                 |        | <input checked="" type="checkbox"/> Officer   | <input type="checkbox"/> Other    |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| <input type="checkbox"/> Director  | <input type="checkbox"/> 10% Owner  |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
| <input checked="" type="checkbox"/> Officer  | <input type="checkbox"/> Other  |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |
|  | President Michaels Stores Group   |   |  |        |   |                                   |                                    |  |   |                                |  |  |        |                                 |       |  |         |       |  |  |

**Table I Non-Derivative Securities Beneficially Owned**

|                                 |   |  |   |
|---------------------------------|---|--|---|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|

**No Common Stock Owned**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

# Edgar Filing: STAFFIERI RONALD S - Form 3

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

Explanation of Responses:

/s/ Elizabeth K. Giddens

January 7, 2003

\*\*Signature of Reporting Person

Date

Elizabeth K. Giddens, Attorney-in-Fact for Ronald S. Staffieri

\*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.

## POWER OF ATTORNEY

The undersigned hereby constitutes and appoints each of Mark V. Beasley, Robert L. Estep, Mark V. Minton, Anna Marie Dempsey and Elizabeth K. Giddens, or any of them, signing singly, the undersigned's true and lawful attorney-in-fact to:

(1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Michaels Stores, Inc. (the "Company"), Forms 3, 4 and 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder;

(2) do and perform any and all acts for and on behalf of the undersigned that may be necessary or desirable to complete and execute any such Form 3, 4 or 5 and timely file any such form or forms with the United States Securities and Exchange Commission and any stock exchange or similar authority; and

(3) take any other action of any type whatsoever in connection with the foregoing that, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this power of attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's sole discretion.

The undersigned hereby grants to each such attorney-in-fact and any of them full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that any such attorney-in-fact, or any such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that none of the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

The execution by the undersigned of this power of attorney hereby expressly revokes and terminates any powers of attorney previously granted by the undersigned relating to Forms 3, 4 and 5. This power of attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this power of attorney to be executed as of the 3rd day of January, 2003.

/s/ Ronald S. Staffieri

Ronald S. Staffieri

QuickLinks

POWER OF ATTORNEY