Burlington Stores, Inc. Form 4 December 10, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Kingsbury Thomas Issuer Symbol Burlington Stores, Inc. [BURL] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify 2006 ROUTE 130 NORTH 12/08/2015 below) President & CEO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

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|----|-----|--------|----|----------|----|------|----|
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| (City)                 | (State)                              | Zip) Table                    | e I - Non-D      | erivative S                | ecuriti          | es Acq                | uired, Disposed o                                  | f, or Beneficial          | ly Owned                              |
|------------------------|--------------------------------------|-------------------------------|------------------|----------------------------|------------------|-----------------------|----------------------------------------------------|---------------------------|---------------------------------------|
| 1.Title of<br>Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3.<br>Transactio | 4. Securition(A) or Dis    |                  | •                     | 5. Amount of Securities                            | 6. Ownership Form: Direct | 7. Nature of Indirect                 |
| (Instr. 3)             | (                                    | any<br>(Month/Day/Year)       | Code (Instr. 8)  | (D)<br>(Instr. 3, 4 and 5) |                  | Beneficially<br>Owned | (D) or<br>Indirect (I)                             | Beneficial<br>Ownership   |                                       |
|                        |                                      | (Month/Day/Tear)              | Code V           | Amount                     | (A)<br>or<br>(D) | Price                 | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4)                | (Instr. 4)                            |
| Common<br>Stock        | 12/08/2015                           |                               | G V              | 10,000                     | D D              | \$ 0                  | 780,804                                            | D                         |                                       |
| Common<br>Stock        |                                      |                               |                  |                            |                  |                       | 100,000                                            | I                         | By grantor retained annuity trust (1) |

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 | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc  |            | 7. Title |          | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|----------------|------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D   | ate        | Amou     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/    | Year)      | Under    | lying    | Security    | Secur  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e              |            | Securi   | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |                |            | (Instr.  | 3 and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |                |            |          |          |             | Follo  |
|             |             |                     |                    |            | (A) or     |                |            |          |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |                |            |          |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |                |            |          |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |                |            |          |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |                |            |          |          |             |        |
|             |             |                     |                    |            |            |                |            |          |          |             |        |
|             |             |                     |                    |            |            |                |            |          | Amount   |             |        |
|             |             |                     |                    |            |            | Date           | Expiration |          | or       |             |        |
|             |             |                     |                    |            |            | Exercisable    | Date       | Title    | Number   |             |        |
|             |             |                     |                    |            |            | LACICISAUIC Da | Date       | of       | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |                |            |          | Shares   |             |        |

# **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships |           |                    |       |  |  |  |
|------------------------------------------------------------------|---------------|-----------|--------------------|-------|--|--|--|
| · · · · · · · · · · · · · · · · · · ·                            | Director      | 10% Owner | Officer            | Other |  |  |  |
| Kingsbury Thomas<br>2006 ROUTE 130 NORTH<br>BURLINGTON, NJ 08016 | X             |           | President<br>& CEO |       |  |  |  |

## **Signatures**

/s/ Christopher T. Schaub, as attorney-in-fact for Thomas Kingsbury

12/10/2015

\*\*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).
- On April 7, 2015, the reporting person contributed 100,000 shares of the common stock of Burlington Stores, Inc. to a grantor retained annuity trust, of which the reporting person's spouse is the trustee.

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.

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