Edgar Filing: Zoe's Kitchen, Inc. - Form 4

Zoe's Kitchen	, Inc.												
Form 4													
April 15, 201	5												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box if no longer										Expires:	January 31,		
subject to	STATEM	ENT OF		GES IN BENEFICIAL OW					NERSHIP OF	Estimated a	2005 average		
Section 16				SECU	RI	TIES		burden hours per					
Form 4 or Form 5	Form 4 or								response 0.5				
obligation	- -								ge Act of 1934,				
may contin	nue. Section 17(a		f the Inv	•		•	- ·		f 1935 or Sectio	n			
See Instruction 1(b).	ction	50(II) 0		csunci	n C	Joinpang	y Act	0117					
(Print or Type R	esponses)												
1. Name and Address of Reporting Person *2. IssuerMorgan JasonSymbolZoe's Kit				ier Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
			2	chen, l	[nc	. [ZOES]		(Charle all applicable)				
(Last)	(First) (M	(Middle) 3. Date of I			Earliest Transaction				(Check all applicable)				
(Month/Da				-					Director 10% Owner X Officer (give title Other (specify				
	AITCHEN, INC.,		04/13/20	15					X Officer (give below)	below)	er (specify		
STATE HIG	HWAY 121, SU	TE 250								CFO			
(Street) 4. If A			4. If Amen	Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mon				th/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
PLANO, TX	75024									Aore than One Re			
(City)	(State) (Zip)	Table	I - Non	-De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	2A. Deem	ed	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution							Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/D							2	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		(Monul/Da						5)	Owned Following				
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
				Code	V	Amount	(D)	Price	(IIISU: 5 and 4)				
Common Stock	04/13/2015			S <u>(1)</u>		4,101	D	\$ 35	47,127 <u>(2)</u>	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)

Reporting Owners

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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)	4. Transactio Code (Instr. 8)	5. of 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. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Morgan Jason C/O ZOES KITCHEN, INC. **CFO** 5760 STATE HIGHWAY 121, SUITE 250 **PLANO, TX 75024** Signatures /s/ Jason 04/14/2015 Morgan **Signature of Date

Reporting Person 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 on December 12, 2014.
- (2) This figure includes shares held by Jason Morgan and The Morgan 2014 Irrevocable Trust, of which Jason Morgan is a co-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.