

ESCALADE INC  
Form 3  
January 02, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Wawrin Stephen		(Month/Day/Year)	ESCALADE INC [ESCA]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
817 MAXWELL AVENUE			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
EVANSVILLE,Â INÂ 47711			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Chief Financial Officer	6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

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

SEC 1473 (7-02)

**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 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)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

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Option to acquire Common Stock	Â (1)	03/01/2016	Common Stock	1,500	\$ 6.07	D	Â
Option to acquire Common Stock	Â (2)	03/02/2017	Common Stock	3,500	\$ 5.28	D	Â
Option to acquire Common Stock	Â (3)	03/01/2018	Common Stock	3,000	\$ 5.85	D	Â
Restricted Stock Unit (4)	Â (5)	02/27/2018	Common Stock	2,000	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wawrin Stephen 817 MAXWELL AVENUE EVANSVILLE, IN 47711	Â	Â	Â Chief Financial Officer	Â

## Signatures

/s/Stephen Wawrin 01/02/2015

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) Each stock option has been granted pursuant to the Escalade Incorporated 2007 Incentive Plan and will vest in full on March 1, 2015.
- (2) Each stock option has been granted pursuant to the Escalade Incorporated 2007 Incentive Plan and will vest 50% on March 2, 2015 and the remainder on March 2, 2016.
- (3) Each stock option has been granted pursuant to the Escalade Incorporated 2007 Incentive Plan and will vest one-third on each of March 1, 2015, 2016 and 2017.
- (4) Each Restricted Stock Unit represents a contingent right to receive one share of ESCA common stock pursuant to the Escalade Incorporated 2007 Incentive Plan.
- (5) The Restricted Stock Units will vest one-third on each of February 27, 2016, 2017 and 2018, provided that the reporting person is still employed by the company as of such date. Vested shares will be delivered to the reporting person at the time of vesting.

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.