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ICONIX BR Form 4 January 06, 2	AND GROUP, II 2016	NC.									
•									OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. SECURITIES January 20 Expires: 20 Estimated average burden hours per										rs per	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person * 2. Issuer EMANUEL BARRY Symbol ICONIX [ICON]					icker or T	-		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O COPEN WEST 37TH FLOOR	Date of Earl Ionth/Day/Y /04/2016		saction			_X_ Director10% Owner Officer (give titleOther (specify below)below)					
	(Street) 4. If Amendment, Date Filed(Month/Day/Year)				r) Applicable Line) _X_ Form filed by (oint/Group Filing(Check One Reporting Person More than One Reporting		
NEW YORI	K, NY 10018							Person		porting	
(City)	(State)	(Zip)	Table I - I	Non-Der	vivative Se	ecuriti	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		ate, if Tra Coo /Year) (Ins	ansaction de (str. 8) (es Aco posed	quired of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		-	
Common Stock	01/04/2016		А	4	14,578	А	\$0	63,645	D		
Stock											

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

RelationshipsReporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherEMANUEL BARRY
C/O COPEN ASSOCIATES
ONE WEST 37TH STREET, 10TH FLOOR
NEW YORK, NY 10018XXYYSignatures
/s/ Ericka Alford,
Attorney-In-Fact01/06/2016YYY

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).

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.