Edgar Filing: Claxton Robert Craig - Form 4

Claxton Robe	ert Craig										
Form 4											
March 10, 20	09										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• UNITE	D STATES					IGE (COMMISSION	OND	3235-0287	
Check thi	s box		Was	shington,	D.C. 205	49			Number:		
if no long	or		ECHAN	CECINI	DENIDEL	OTAT	OW		Expires:	January 31, 2005	
subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated a				
Section 10 Form 4 or		SECURITIES							burden hours per		
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligation	¹⁸ Section	•					•	f 1935 or Sectio	'n		
may conti	inue.		of the In	-					11		
See Instru 1(b).	iction	50(II)	or the m	vestment	company	1101	01 17	10			
1(0).											
(Print or Type R	(esponses)										
					5. Relationship of	f Reporting Per	son(s) to				
•			Symbol	lymbol				Issuer			
			BIG LO	TS INC [BIG]			(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chee	ik un uppheuok	<i>.</i>)	
			(Month/D	(Month/Day/Year) 03/06/2009				Director		Owner	
			03/06/20					X_ Officer (give title Other (specify below) below)			
								/	or Vice Presider	ıt	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check	
				th/Day/Year	-			Applicable Line)		800	
								X Form filed by (
COLUMBU	S, OH 43228							Form filed by M Person	More than One Re	eporting	
(City)	(State)	(Zip)									
(eng)	(blute)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Ye	ear) Execution any	on Date, if	Code	on(A) or Dis (D)	sposed	of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(1130.5)			Day/Year)	(Instr. 8)	(Instr. 3, 4	and 5	5)	Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
0				Code V	Amount	(D)	Price	((
Common	03/06/2009			А	15,000	А	\$0	40,359	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
	Security			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Purchase Option	\$ 17.47	03/06/2009		А	37,500	<u>(1)</u>	03/06/2016	Common Stock	37,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Claxton Robert Craig 300 PHILLIPI ROAD COLUMBUS, OH 43228			Senior Vice Pr	esident			
Signatures							
Chadwick P. Reynolds, attorne Claxton	03/10/2009						
<u>**</u> Signature of Rep		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).

(1) The stock purchase option vests in four equal annual installments beginning on March 6, 2010.

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.