| GAIAM, IN | C | | | | | | | | | | | |
|---|---|-------------|--|---|----------------|----------|---|---|--|---------|--|--|
| Form 5 | | | | | | | | | | | | |
| February 16 | , 2016 | | | | | | | | | | | |
| FORM | 15 | | | | | | | | OMB AF | PROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | OMB Number: | 3235-0362 | | | |
| Check thi no longer | snington, D | .C. 20549 | | | | Expires: | January 31, | | | | | |
| to Section 16. ANNUAL STATEME | | | | ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES | | | | | Expires: 2005 Estimated average burden hours per response 1.0 | | | |
| 1(b). | Filed pur oldings Section 17(| a) of the l | Public U | | ng Compan | ny Ac | t of 19 | Act of 1934, 935 or Sectior | I | | | |
| RYSAVY JIRKA Symbol | | | Symbol | - | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| Middle) | 3. Statem | Statement for Issuer's Fiscal Year Ended | | | | (Check all applicable) | | | | |
| | | | th/Day/Year) | | | | XDirectorX10% Owner | | | | | |
| 833 WEST SOUTH BOULDER ROAD | | | | 2016XOfficer (give title below) | | | | | | below) | | |
| | | | | onth/Day/Year) | | | | | int/Group Reporting | | | |
| | | | | | | | | | | | | |
| LOUISVIL | LE, CO 8002 | 7-2452 | | | | | | X_ Form Filed by C Form Filed by M erson | | | | |
| (City) | (State) | (Zip) | Tab | e I - Non-Der | ivative Secu | rities . | Acquir | ed, Disposed of, | or Beneficial | y Owned | | |
| 1.Title of Security (Instr. 3) | ity (Month/Day/Year) Execution Date, if | | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (E (Instr. 3, 4 and 5) (A) or | | of (D) | Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Class A Common Stock | 02/10/2016 | Â | | G | Amount 300,000 | (D) D | Price \$ 0 | 4) 348,682 | D | Â | | |
| Reminder: Report on a separate line for each class of | | | Persons who respond to the collection of information | | | | | | SEC 2270 | | | |

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

CALAM INC

Persons who respond to the collection of information SEC 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)

(9-02)

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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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. O B O E I S F I S (I |
|---|---|---|---|---|---------------------|--------------------|-------|--|---|---|
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | |
|---|----------|---------------|---------------|-------|--|--|--|--|
| F8 | Director | r 10% Owner | Officer | Other | | | | |
| RYSAVY JIRKA 833 WEST SOUTH BOULDER LOUISVILLE, CO 80027-24 | | ÂX | Â Chairman | Â | | | | |
| Signatures | | | | | | | | |
| /s/ Jirka Rysavy 02/16/ | /2016 | | | | | | | |

**Signature of

Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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 provided 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.