## Edgar Filing: STASYSZEN RICHARD E - Form 4

STASYSZE Form 4 August 02, 2	EN RICHARD E 2011									
FORM	Λ4		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~			OMB AF	PPROVAL	
Washington, 1					IES AND EXCHANGE COMMISSION agton, D.C. 20549			OMB Number:	3235-0287	
Check the check						Expires:	January 31,			
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNE					ated average	
Section							burden hours per			
Form 4								response	0.5	
Form 5 obligation			tion $16(a)$ of t			U				
may con			•	•	-	•	1935 or Section	l		
See Inst		30(h) of t	the Investmen	t Compa	ny Ao	ct of 1940	)			
1(b).										
(Print or Type	Responses)									
	Address of Reporting	Person <u>*</u> 2.	. Issuer Name <b>an</b>	Iccuar			-	p of Reporting Person(s) to		
STASYSZ	EN RICHARD E	Syı	mbol				Issuer			
	AGE STORE	GE STORES INC [SSI]			(Check all applicable)					
(Last)	(First) (	Middle) 3. ]	Date of Earliest 7	Fransaction			(Check	an applicable	)	
(Month/I			onth/Day/Year)				Director 10% Owner			
			7/29/2011			_X_ Officer (give title Other (specify				
							below) below) SVP, Finance and Controller			
	(Chura at)				1					
				nendment, Date Original			6. Individual or Joint/Group Filing(Check			
			· · · ·			Applicable Line) _X_ Form filed by One Reporting Person				
HOUSTON	N, TX 77025						Form filed by M			
11005101	<b>N</b> , 1X 11025					]	Person			
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.			cquired (A)		6.	7. Nature of	
Security	(Month/Day/Year)			Code (Instr. 3, 4 and 5)			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Y					Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(Wolding Day)	(msu. o)				Following	or Indirect	(Instr. 4)	
					(1)		Reported	(I)		
					(A) or		Transaction(s)	(Instr. 4)		
			Code V	Amount		Price	(Instr. 3 and 4)			
Common	07/29/2011		٨	23 (1)	۸	\$	12 731	D		
Stock	07/29/2011		А	25 (1)	А	18.0669	12,731	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)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	Code	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
		Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Addres	s	Relationships							
	Director	10% Owner	Officer	Other					
STASYSZEN RICHARD E 10201 MAIN STREET HOUSTON, TX 77025			SVP, Finance and Controller						
Signatures									
/s/ Richard E. Stasyszen	08/02/2011	l							
<u>**</u> Signature of Reporting Person	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) These shares, which were acquired pursuant to the Stage Stores Deferred Compensation Plan (the "Plan"), may not be transferred to an alternative investment within the Plan or liquidated by the reporting person and will remain in the reporting person's account until such date as the reporting person is no longer an employee of the issuer and for a period of six months thereafter, at which time they will be transferred to the reporting person.

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.