Edgar Filing: CENTRAL GARDEN & PET CO - Form 4

| CENTRAL Form 4 April 17, 20 | GARDEN & PET | CO | | | | | | | | | | |
|--|--|--------------|------------|--|--|---|-------------------------------------|--|---|-----------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | | | OMB APPROVAL | | | | |
| | | | | | | | | N OMB Number: | 3235-0287 | | | |
| | | | | | | | | Estimated burden hou response | Estimated average burden hours per response 0.5 | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1. Name and A Varlas Lori | 2. Issuer Name and Ticker or Trading Symbol CENTRAL GARDEN & PET CO [CENT] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Mo | | | | Date of Earliest Transaction /onth/Day/Year) 4/16/2015 | | | | below) | X Officer (give title Other (specify | | | |
| | | | | If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | | | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Secur | rities A | cquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution | | Date, if | Code (Instr. 8) | 4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Dominder: D | nont on a commute l' | for or -h -1 | | Code V | | (D) | Price | | | | | |
| Kenninder: Re | port on a separate line | for each cla | ass of sec | unities benef | inclarity ow | ned di | recuy c | n manecuy. | | | | |

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) | tive Conversion (Month/Day/Year) Execution y or Exercise any | | Execution Date, if | Date, if Transaction Code | | ber of ve es d (A) osed of | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 E S (1 |
|---|---|------------|--------------------|------------------------------|-------|--|--|--------------------|---|-------------------------------------|-------------------|
| | Security | | | | | , 4, | | | | | |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Rigth to Buy) | \$ 10.63 | 04/16/2015 | | A | 50,00 |) | <u>(1)</u> | 03/31/2021 | Class A Common Stock | 50,000 | |
| Reporting Owners | | | | | | | | | | | |
| | Benerities Ormen Nerre (Address | | | Relationships | | | | | | | |
| Reporting Owner Name / Address | | | | Director 10% Owner Officer | | | | Other | | | |
| Varlas Lori A. C/O CENTRAL GARDEN & PET COMPANY 1340 TREAT BOULEVARD, SUITE 600 WALNUT CREEK, CA 94597 | | | | SVP, CFO and Secretary | | | | | | | |
| Signa | tures | | | | | | | | | | |
| /s/ Lori A Varlas | Α. | 04/17/2015 | | | | | | | | | |
| <u>**</u> Signat Reporting | | Date | | | | | | | | | |

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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 options shall vest in four increments of 25% on March 31, 2016, 2017, 2018 and 2019.

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.