FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Foster Paul T					2. Iss	2. Issuer Name and Ticker or Trading Symbol LSI INDUSTRIES INC [ LYTS ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last) C/O 100	,	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/22/2016								belo	′	Other below and Secretar	<i>'</i>		
(Street) CINCIN			45242 (Zip)		- 4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Form Form	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tab	le I - N	lon-Deri	vative \$	Sec	uriti	es A	cauired	. Di	sposed	of. or	Bene	ficia	Illy Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			ction	tion 2A. Deemed Execution Date,			3. Transa	3. 4. Securities Transaction Disposed Of Code (Instr. and 5)			urities Acquired (A) or sed Of (D) (Instr. 3, 4			ount of ities ficially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	V	Amou		A) or D)	Price			(Instr. 4)	(Instr. 4)	
Common Shares <sup>(1)</sup>			12/22/	2016		A		19	91	A	\$9.7	77	9,012	D					
Common Shares													4,000	I	By IRA				
Common	Shares												1	2,400	D				
		Ta	able II						uired, [ s, option			,			y Owned	l			
1. Title of Derivative Security (Instr. 3)  2. Conversic or Exercise Price of Derivative Security		(Month/Day/Year) if any			4. Transac Code (Ir	e (Instr. of Deri Secu Acque (A) c Disp of (E (Instruction)		5. 6. Number Ex		6. Date Exercisable Expiration Date (Month/Day/Year)					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amo or Nun of Sha						
Option to Buy <sup>(3)</sup>	\$7.6								(2)		02/09/2025	Commo		000		15,000	D		
Option to Buy <sup>(3)</sup>	\$9.39								(2)	1	07/01/2025	Commo	<sup>n</sup> 30,	000		30,000	D		
Option to Buy <sup>(3)</sup>	\$11.06								(2)	7	07/01/2026	Commo		000		30,000	D		
Option to Buy <sup>(3)</sup>	\$9.39								(4)	(	07/01/2025	Commo	150	000		50,000	D		

## Explanation of Responses:

- 1. Common Shares held in the LSI Industries Inc. Non-Qualified Deferred Compensation Plan.
- 2. The option vests in four equal annual installments beginning on February 9, 2016.
- 3. These holdings have been previously reported on Form 4.
- 4. On July 1, 2015, the Reporting Person was granted an option to purchase 50,000 shares of common stock. The option vests in three equal annual installments based on the Issuer's satisfaction of certain performance criteria for the fiscal year ending June 30, 2016. On September 8, 2016, it was determined that the performance criteria were met.

/s/ F. Mark Reuter as Attorneyin-Fact for Paul T. Foster 12/27/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.

Persons who respond to the collection of ir	nformation contained in this form	n are not required to respond	unless the form displays a curre	ntly valid OMB Number.