Edgar Filing: SYKES ENTERPRISES INC - Form 4

| SYKES ENT Form 4 | ERPRISES IN | IC | | | | | | | | | |
|--|------------------------------------|------------|---|------------------------|-----------|------------------------|---|--|-------------------------|----------|--|
| February 23, | 2016 | | | | | | | | | | |
| | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 | | | | | | OMMISSION | OMB Number: | oer: 3235-0287 | | | |
| Check thi if no long | | | | | | | Expires: | January 31 | | | |
| subject to | EMENT O | F CHAN | F CHANGES IN BENEFICIAL OWNI | | | | | Estimated average | | | |
| Section 1 | SECURITIES | | | | | | burden hours per | | | | |
| Form 4 or Form 5 Filed pursuant to Sect | | | | (a) = f + b | Consid | ing F | | - A -t -f 1024 | response 0. | | |
| obligation | • • | | | | | | • | e Act of 1934, 1935 or Section | • | | |
| may conti <i>See</i> Instru 1(b). | inue. | | | vestment | - | | | | 1 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Lutton Lorraine L | | | 2. Issuer Name and Ticker or Trading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| Lution Long | Symbol | ENTEDI | DICECI | NC | | | | | | | |
| | SYKES ENTERPRISES INC [SYKE] | | | | | (Check all applicable) | | | | | |
| (Last) | (Last) (First) (Middle) 3. Date of | | | f Earliest Transaction | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| 400 N. ASHLEY DRIVE, SUITE 2800 | | | (Month/Day/Year) 02/22/2016 | | | | | below) below) | | | |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | onth/Day/Year) | | | | Applicable Line) _X_Form filed by One Reporting Person | | | |
| TAMPA, FL 33602 | | | | Form filed by Person | | | | | More than One Reporting | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | n Date, if | Code (Instr. 3, 4 and 5) | | | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 02/22/2016 | | | А | 243 | A | \$ 29.73 | 9,624 | D | | |
| Common Stock | 02/22/2016 | | | А | 1,013 | А | \$ 29.73 | 10,637 | 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.

Edgar Filing: SYKES ENTERPRISES INC - Form 4

 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|--------------------|------------|---------|-------|--|--|--|--|
| 1 | Director 10% Owner | | Officer | Other | | | | |
| Lutton Lorraine L 400 N. ASHLEY DRIVE, SUITE 2800 TAMPA, FL 33602 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ James T. Holder, attorney-in-fact for Lutton | | 02/23/2016 | | | | | | |
| **Signature of Reporting Person | | | Date | e | | | | |
| | | | | | | | | |

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).

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.