Edgar Filing: ADVANCE AUTO PARTS INC - Form 4

| ADVANCE Form 4 June 12, 201 | AUTO PARTS | INC | | | | | | | | | |
|--|--|---|--|--|---|---|---|--|---|---|--|
| FORM | | | | | | | | | OMB AF | PROVAL | |
| Washington, D | | | | | ES AND EXCHANGE COMMISSION gton, D.C. 20549 | | | OMB Number: | 3235-0287 | | |
| Check th if no long subject to | ger STATE | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | Expires: January 3 200 Estimated average | | |
| Section 16. | | | | SECURITIES | | | | | burden hours per | | |
| Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | 0.5 | | |
| (Print or Type l | Responses) | | | | | | | | | | |
| DIAS FIONA P Symbol | | | Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | VANCE AUTO PARTS INC | | | | | | | |
| | | | of Earliest Transaction /Day/Year) /2014 | | | _X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | | |
| INC., 3000 | | | | | | | | | | | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| ROANOKE, VA 24012 Form filed by More than One Reporting Person Person | | | | | | | | | | | |
| (City) | (State) | (Zip) | Tab | e I - Non-E | Derivative | Secu | rities Acqu | uired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 04/04/2014 | | | А | 4 <u>(1)</u> | A | \$ 121.64 | 10,649 | 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)

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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. Transactic Code (Instr. 8) | of | | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu 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 | | | | |
|--|------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| DIAS FIONA P ADVANCE AUTO PARTS, INC. 5008 AIRPORT RD ROANOKE, VA 24012 | Х | | | |
| Signatures | | | | |
| /s/ Rachel E. Geiersbach, as Attorne Dias | 06/12/2014 | | | |

**Signature of Reporting Person

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).
- These shares of issuer common stock were acquired pursuant to a dividend reinvestment feature of the Advance Auto Parts, Inc. Deferred (1) Stock Unit Plan for Non-Employee Directors and Selected Executives.

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.

Date