

Reported by RYAN THOMAS M

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/01/17 for the Period Ending 07/28/17

Address 1818 MARKET STREET

SUITE 2000

PHILADELPHIA, PA 19103

Telephone 215 546 7909

CIK 0001177609

Symbol FIVE

SIC Code 5331 - Variety Stores

Industry Department Stores

Sector Consumer Cyclicals

Fiscal Year 01/31



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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-------------|--|---|-------------------------------------|--------------|--|---|----------|---|---|---|---|---|--|
| RYAN THOMAS M | - | FIVE | BELO | OW, IN | C [] | FIV | E] | | | | | | | |
| (Last) (First) (Middle) | | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | | | | | | |
| C/O FIVE BELOW, INC., 1818 MARKET STREET, SUITE 2000 | 7/28/2017 | | | | | | | | | | | | | |
| (Street) | | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| PHILADELPHIA, PA 19103 | | | | | | | | | | X Form filed by | | | araan | |
| (City) (State) (Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| Table | e I - Non-I | Derivat | ive Secı | ırities Ac | quir | ed, Di | isposed o | of, or | Ber | neficially Owne | ed | | | |
| 1.Title of Security (Instr. 3) | | Exec | Deemed cution , if any | 3. Trans. Code (Instr. 8) | | 4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5) | | | | | f Securities Beneficially Owned eported Transaction(s) 4) | | Ownership of Ind Form: Benef | 7. Nature of Indirect Beneficial Ownership |
| | | | | Code | V | Amou | (A) or (D) | r Pri | ice | | | | or Indirect (I) (Instr. 4) (I) (Instr. 4) | |
| Common Stock 7/28/201 | | 17 | | A | | 471 | A | \$0 |) | 178422 | | D | | |
| Table II - Derivativ | e Securitio | es Bene | eficially | Owned (| e.g. , | , puts | , calls, w | arrai | nts, | options, conve | rtible sec | urities) | | |
| 1. Title of Derivate Security (Instr. 3) Conversion or Exercise Price of Derivative 2. Conversion or Exercise Price of Derivative 3. Trans. Date Execut Date, in the price of Derivative | ion (Instr. | ns. Code 5. Numb B) Derivativ Acquired Disposed (Instr. 3, | | re Securities (A) or l of (D) | | Date Exercisable and spiration Date | | | | Underlying e Security | Derivative Security | derivative Securities Beneficially Owned | Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Security | Coo | de V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Am Sha | nount or Number of ares | | Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | |

Reporting Owners

| Reporting Owners | | | | | | | |
|--------------------------------|----------------------|--|---------|-------|--|--|--|
| Reporting Owner Name / Address | Relationships | | | | | | |
| Reporting Owner Name / Address | Director 10% Owner O | | Officer | Other | | | |
| RYAN THOMAS M | | | | | | | |
| C/O FIVE BELOW, INC. | X | | | | | | |
| 1818 MARKET STREET, SUITE 2000 | Λ | | | | | | |
| PHILADELPHIA, PA 19103 | | | | | | | |

Signatures

| /s/ Maureen Mulligan, as Attorney-In-Fact for Thomas M. Ryan | | | | | |
|--|------|--|--|--|--|
| ** Signature of Reporting Person | Date | | | | |

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

- * 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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.