Edgar Filing: Wayfair Inc. - Form 4

Wayfair Inc.												
Form 4												
December 29	9, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
	RITIES AND EXCHANGE COMMISSION shington, D.C. 20549					OMB Number:	3235-0287					
Check this box									Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHI				NERSHIP OF		2005		
-	Section 16.				SECURITIES				Estimated average burden hours per			
Form 4 o									response 0.5			
Form 5 obligatio	-						-	e Act of 1934,				
may cont	Section 17			•	•	· ·	•	1935 or Section	n			
See Instr	uction	30(h)	of the In	vestment	Compan	iy Ac	t of 194	10				
1(b).												
(Print or Type I	Responses)											
1. Name and Address of Reporting Person *2. Issuer NMulliken John ChamplinSymbol								5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) ((Middle)	3. Date of	f Earliest Tr	ansaction							
				th/Day/Year)				Director 10% Owner X_ Officer (give title Other (specify				
C/O WAYFAIR INC., 4 COPLEY 12/24 PLACE, 7TH FL			12/24/2	2/24/2015				below) below)				
PLACE, /1	HFL							SVP, St	trategic Initiativ	ves		
			4. If Ame	endment, Date Original			6. Individual or Joint/Group Filing(Check					
			Ionth/Day/Year)				Applicable Line)					
BOSTON, I	MA 02116							_X_ Form filed by C Form filed by M Person	Ine Reporting Pe Iore than One Re			
(City)	(State)	(Zip)										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat			3.	4. Securi		-	5. Amount of	6. Ownership			
(Instr. 3)	Security (Month/Day/Year) Execution (Instr. 3) any			n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		-	Day/Year)	(Instr. 8)				2		Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D.	(Instr. 3 and 4)				
Class A				Code V	Amount	(D)	Price					
Class A Common	12/24/2015			S <u>(1)</u>	3,159	D	\$	194,951	D			
Stock	12/27/2013			<u>0</u>	5,157	D	48.87	177,731	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)

Edgar Filing: Wayfair Inc. - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships		
1	Director	10% Owner	Officer	Other	
Mulliken John Champlin C/O WAYFAIR INC., 4 COPLEY PLACE, 7TH FL BOSTON, MA 02116			SVP, Strategic Initiatives		
Signatures					

/s/ Enrique Colbert, Attorney-in-fact for John Champlin Mulliken

**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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 24, 2014.

12/29/2015

Date

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.