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

| 1. Name an Bailey | Zun | 2. Issuer Name and Ticker or Trading Symbol Zumiez Inc [ZUMZ] | | | | | | | | | | | olicable) | ng Perso | Person(s) to Issuer | | | | | |
|---|--|---|---------|---------------------------------|---------|---|---------------------------|-----------|------------------------------------|-----|--------------------|--|-------------|----------|---|---|--|--|--|---|
| I | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2016 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivi ne) <u>X</u> | | | oup Filing (Check Applicable | | |
| LYNNW | YNNWOOD WA 98036 | | | | | | | | | | | | | | Form filed by More than One Report Person | | | | | orting |
| (City) | (S | tate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative S | Secu | ıritie | s Acc | quired, | Dis | osed o | f, or | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/* | | | | | y/Year) | Execution D | | | Date, Transaction | | | | | | 3, 4 Se Be Ov | | | 6. Owner Form: I (D) or Indirect (Instr. 4 | Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A (C | () or () | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (mou. | , | (111501. 4) |
| Common | 016 | | | S | | 3,110 | D \$2: | | \$25 | .01 | 7,843 | | D |) | | | | | | |
| | 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) | ive Conversion Date (Month/Day/Year) Execution Date, if any | | | 4. Transac Code (li 8) | | of Deriv Secur Acqu (A) or Dispo | r osed) r. 3, 4 | Expiratio | Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amour or Numbe | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Fori Dire or II (I) (I 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | of | ares | | | | | | |

Explanation of Responses:

Chris K. Visser, Attorney-in-

Fact

** Signature of Reporting Person Date

12/07/2016

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

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 Number.

^{*} 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).