## Edgar Filing: G&K SERVICES INC - Form 4

G&K SERVI	CES INC											
Form 4												
January 06, 2	.015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							т	OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						ONID	3235-0287				
Check thi	s box		vv as.	nington,	D.C. 203	949			Number:	January 31,		
if no longer which the STATEMENT OF CHANG					FNIFFI	CIA		NEDSUID OF	Expires:	2005		
subject to			r Chan			CIA		NERSIIII OF		Estimated average		
Section 10 Form 4 or		SECURITIES							burden hours per response 0.5			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,								0.5		
obligation	<sup>18</sup> Section 17							of 1935 or Section	m			
may conti <i>See</i> Instru	nue.		of the Inv	•	•	• •						
1(b).	ction				1.							
(Print or Type R	esponses)											
1 Nama and A	ddaese of Domestic	- D *						5 Deletienskin er	f D	(-) 4-		
MROZEK E	ddress of Reportin	g Person _		er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Symbol				K SERVICES INC [GK]								
G					-	ĸj		(Check all applicable)				
				Date of Earliest Transaction								
(Month/D           5995 OPUS PARKWAY         01/02/20           (Street)         4. If Ameri			-				X_ Director 10% Owner Officer (give title Other (specify					
			01/02/20	51/02/2015				below) below)				
			Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check					
Filed(Mor							Applicable Line)					
							_X_ Form filed by One Reporting Person Form filed by More than One Reporting					
MINNETON	NKA, MN 5534	-3						Person		-F8		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year) Execution Date			e, if TransactionAcquired (A) or				Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Year)			Code Disposed of (D)					Beneficial		
		(Month/	Day/Year)	(Instr. 8)				Indirect (I) Instr. 4)	Ownership (Instr. 4)			
								Reported	(Instr. 1)	(Insu: I)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Class A					1,443							
Common	01/02/2015			А	(1)	А	<u>(2)</u>	15,049 <u>(3)</u>	D			
Stock					_							

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)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
MROZEK ERNEST J 5995 OPUS PARKWAY MINNETONKA, MN 55343	Х						
Signatures							
Jeffrey L. Cotter, Attorney-in-Fact	(	01/06/2015					

\*\*Signature of Reporting Person

#### Date

## **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) Subject to the terms of the company's plan, vests in equal increments over a three year period, commencing on the first anniversary of the date of grant.
- (2) Grant of restricted stock pursuant to Section 16b-3.
- (3) Awards are subject to vesting in accordance with the terms of the company's plan.

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.