## Edgar Filing: WEIGHT WATCHERS INTERNATIONAL INC - Form 4

WEIGHT WATC Form 4	HERS INTI	ERNATIO	DNAL I	NC							
April 04, 2014 FORM 4 Check this box	UNITED	STATES	S SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549				E COMMISSIO	N OMB Number:	APPROVAL 3235-0287 January 31,		
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 OF SECURITIES 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							Estimated burden hou response	2009 average urs per	5		
(Print or Type Respon	ises)										
1. Name and Address Hotchkin Nichola	2. Issuer Name <b>and</b> Ticker or Trading Symbol WEIGHT WATCHERS INTERNATIONAL INC [WTW]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) 675 AVENUE OF THE AMERICAS, 6TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 04/02/2014			Director 10% Owner X Officer (give title Other (specify below) below) CFO					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
NEW YORK, NY 10010							Person				
(City) (S	State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date th/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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)		
Reminder: Report on	a separate line	e for each cl	ass of sec	urities benet	ficially ow	ned directly	or indirectly.				
					inforr requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tabl					posed of, or convertible	Beneficially Owner securities)	ł			

1. Title of<br/>Derivative2.3. Transaction Date3A. Deemed4.5. Number of<br/>TransactionDerivative6. Date Exercisable and<br/>Expiration Date7. Title and Amount of<br/>Underlying Securities

## Edgar Filing: WEIGHT WATCHERS INTERNATIONAL INC - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 21.19	04/02/2014		A	68,247		<u>(1)</u>	04/02/2019	Common Stock	68,247

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Hotchkin Nicholas P 675 AVENUE OF THE AMERICAS, 6TH FLOOR NEW YORK, NY 10010			CFO			
Signatures						
/s/ Stephanie Delavale, as Attorney-In-Fact for Nichol Hotchkin	las P.	04/04/2014				
**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).

The time vesting criteria will fully vest on April 2, 2017, the third anniversary of the grant date. The performance-vesting criteria will fully vest in 20% increments upon Weight Watchers International, Inc. achieving an average closing stock price of its common stock on

the New York Stock Exchange (or other national securities exchange) for the 20 consecutive preceding trading days that is equal to or greater than (i) 150% of the exercise price, (ii) 175% of the exercise price, (iii) 200% of the exercise price, (iv) 225% of the exercise price and (v) 250% of the exercise price.

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.