Edgar Filing: TRAVELZOO INC - Form 4

TRAVELZO	DO INC												
Form 4													
July 07, 201	5												
FORM	1 4									OMB AF	PROVAL		
	UNITED	STATES				ND EXC D.C. 205		IGE CC	OMMISSION	OMB Number:	3235-0287		
Check th										Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				IGES I	GES IN BENEFICIAL OWNER					•	2005		
Section 16.				SECURITIES						Estimated average burden hours per			
Form 4 c										response	0.5		
Form 5 obligatio								•	Act of 1934,				
may con	Section 17	· · /		-		U ,			935 or Section				
See Instr	uction	30(h)	of the Ir	ivestme	ent	Company	Act	of 1940					
1(b).													
(Print or Type]	Responses)												
(I fint of Type)	(csponses)												
1. Name and A	Address of Reporting	g Person *	2 Issue	r Name a	nd	l Ticker or T	radino	. 5	5. Relationship of l	Reporting Pers	on(s) to		
AZZURRO CAPITAL INC Symbol				er Name and Ticker or Trading					ssuer				
			2	ELZOO INC [TZOO]									
			of Earliest Transaction					(Check all applicable)					
(Last)	(Plist)	(Middle)				ransaction			Director	X 10%	Owner		
87 MARY STREET, GEORGE 07/02/2				/Day/Year) 2015				-	Officer (give title Other (specify				
TOWN			0110212	.015				b	pelow)	below)			
	(Street)		4 If Am	andment	Da	te Original		F	Individual or Ioi	nt/Group Filin	g(Chack		
			endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)					
			1 1100(1110		eur	/			X_Form filed by O				
CAYMAN,	KY1-9005, E9							- F	Form filed by Mo Person	ore than One Re	porting		
$(\mathbf{C};\mathbf{t}_{r})$	(54-4-)	(7:)											
(City)	(State)	(Zip)	Tab	le I - Nor	n-D	Derivative S	ecuriti	ies Acqui	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.		4. Securitie			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		n Date, if		tio	mr Disposed)	Securities	Ownership	Indirect		
(Instr. 3)		any (Month/D	Dav/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Beneficial Ownership			
		((,				Following	or Indirect	(Instr. 4)		
							(A)		Reported	(I)			
							or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
C				Code	V	Amount	(D)	Price	(insur 5 und 7)				
Common Stock	07/02/2015			P <u>(1)</u>		200,000	А	\$ 10.89	7,430,538 (1)	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)

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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. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
	Director	10% Owner	Officer	Other				
AZZURRO CAPITAL INC 87 MARY STREET GEORGE TOWN CAYMAN, KY1-9005, E9		Х						
Signatures								
/s/ Jana Guzman	07/07/2015							
**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) The reporting person previously held a proxy to vote the shares acquired as reported on this form. Accordingly, this acquisition does not change the number of shares beneficially owned.

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.