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Whitestone R Form 4 April 07, 201											
FORM	1								OMB AI	PPROVAL	
	UNITED S	STATES		ITIES Al hington, 1			IGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5	er STATEM 6.									Expires:January 31, 2005Estimated average burden hours per response0.5	
obligation may conti <i>See</i> Instru 1(b). (Print or Type R	nue. Section 17(a) of the F	Public Ut		ing Com	pany	Act of	1935 or Section	1		
	ddress of Reporting F	Person *	2 Issuer	Name and	Ticker or T	rading	T	5. Relationship of	Reporting Pers	son(s) to	
Mastandrea Christine J			Symbol	one REIT		indding	5	Issuer			
				Earliest Tra				(Check all applicable)			
				ay/Year))14				Director 10% Owner X Officer (give title Other (specify below) VP STRATEGY & MARKET RESEARCH			
	(Street)			ndment, Dat th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting Pe	erson	
HOUSTON,	TX 77063							Form filed by M Person	lore than One Re	eporting	
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares	04/02/2014			Code V A	Amount 4,000 (1)	(D) A	Price \$ 0		D		
Common Shares	04/02/2014			А	4,000 (2)	А	\$0	122,823	D		
Common Shares	04/02/2014			А	25,414 (<u>3)</u>	А	\$0	148,237	I	By Spouse	
Common Shares	04/02/2014			D	46,667 (<u>3)</u>	D	\$0	101,570	I	By Spouse	
Common Shares	04/02/2014			А	78,693 (3)	А	\$0	180,263	Ι	By Spouse	

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Common	04/02/2014	۸	33,333	۸	\$ 0	213,596	т	By Spouse
Shares	04/02/2014	A	(3)	A	φU	215,590	1	By Spouse

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

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mastandrea Christine J 2600 S. GESSNER, SUITE 500 HOUSTON, TX 77063			VP STRATEGY & MARKET RESEARCH					
Signatures								
/s/ David K. Holeman, Attorney-in-Fac	et for Christine	e J.	04/04/2014					

Mastandrea

**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) Common shares issued as a result of the vesting of certain performance based restricted common share units previously granted pursuant to the Company's 2008 Long-Term Incentive Ownership Plan.

Date

(2) Represents restricted common shares which are subject to risk of forfeiture and vest as follows: (i) 1/3rd on April 2, 2015, 1/3rd on April 2, 2015, 1/3rd on April 2, 2016 and 1/3rd on April 2, 2017.

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The reporting person disclaims beneficial ownership of these securities except to the extent of her pecuniary interest therein, and the

(3) inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

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.