Edgar Filing: MAJESCO ENTERTAINMENT CO - Form 4

| MAJESCO ENT Form 4 May 05, 2015 | ERTAINME | NT CO | 0 | | | | | | | | |
|--|---|--|---|--|-------------------------|---|---|--|---|--|--|
| FORM 4 | | | | | | | | OMB APPROVAL | | | |
| | STATES | S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | N OMB Number: | 3235-0287 | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Expires: Estimated burden hou response | urs per | | |
| obligations may continue. <i>See</i> Instructior 1(b). | obligations may continue. See Instruction See | | | | | | | | | | |
| (Print or Type Respo | onses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Aronson Laurence | | | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | MAJESCO ENTERTAINMENT CO [COOL] | | | | O (Check all applicable) | | | | |
| (Last) (First) (Middle) 4041 T HADLEY ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2015 | | | | Director 10% Owner Officer (give title 0ther (specify below) | | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| S. PLAINFIELD | D, NJ 07080 | | | | | | Form filed by Person | More than One R | eporting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | e Securities A | cquired, Disposed | of, or Beneficia | lly Owned | | |
| | ansaction Date nth/Day/Year) | 2A. Deeme Execution I any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) | Disposed (Instr. 3, | (A) or l of (D) 4 and 5) (A) or | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | | | | | | | |
| Reminder: Report or | n a separate line | e for each cla | ass of sect | urities bene | Perse infor requi | ons who res mation cont red to respo | or indirectly. spond to the colle ained in this form ond unless the for ntly valid OMB co | n are not rm | SEC 1474 (9-02) | | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. I |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securities | Der |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | Sec |

number.

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Yea | ur) (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | (|
|------------------|------------------------------------|----------------|----------------|---|-----------------------|--------------------|-----------------|--|
| | | | Code V | (A) (D) |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options | \$ 1.4 | 04/23/2015 | А | 7,143 | (1) | 04/23/2020 | Common Stock | 7,143 |

Reporting Owners

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 Aronson Laurence
 4041 T HADLEY ROAD
 5. PLAINFIELD, NJ 07080
 5. PLAINFIELD, NJ 07080

 Signatures
 /s/ Laurence
 05 05 00 15

Aronson <u>**</u>Signature of Date 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) Annual stock option grant pursuant to the director compensation policy, without the payment of consideration, which options vest 180 days from the grant date.

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.

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