

INTERFACE INC  
Form 4  
February 01, 2002

**Form 4**

UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION

Washington, DC 20549

OMB  
APPROVAL

OMB Number:  
3235-0287

Expires:  
PENDING

Estimated  
average burden  
hours per  
response. . . 0.5

☐ Check box if no  
longer subject  
to Section 16.  
Form 4 or Form  
5 obligations  
may continue.  
See instructions  
1(b).

**STATEMENT OF CHANGES IN BENEFICIAL  
OWNERSHIP**

**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(f) of the  
Investment Company Act of 1940**

(Print or Type Responses)

|  |   |
|--|---|
| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol |
| <b>Henton, June M.</b>                   | <b>Interface, Inc. (IFSIA)</b>              |

(Last)

(First)

(Middle)

**2859 Paces Ferry Road, Suite 2000**

3. I.R.S. Identification Number  
of Reporting Person, if an  
entity voluntary)

4. Statement for  
Month/Year

**November 2001**

(Street)

**Atlanta, Georgia 30339**

5. If Amendment, Date of  
Original (Month/Year)

7. Individual or Joint/Group Filing

Edgar Filing: INTERFACE INC - Form 4

(Check Applicable Line)

☒ Form filed by One Reporting Person

☐ Form filed by More than One Reporting Person (City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security  
(Instr. 3)

2. Transaction Date  
(Month/Day/Year)

3. Transaction  
Code  
(Instr. 8)

4. Securities Acquired (A) or Disposed of  
(D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned at End of Month  
(Instr. 3 and 4)

6. Owner-  
ship Form:  
Direct (D) or Indirect (I)  
(Instr. 4)

7. Nature of Indirect Beneficial Ownership  
(Instr. 4)

Code

V

Amount

(A) or (D)

Price

Edgar Filing: INTERFACE INC - Form 4

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instructions 4(b)(v).

**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 control number.**

(Over)  
SEC 1474  
(3-99)

**FORM 4**  
**(continued)**

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

| Description of Transaction | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |                            | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) |
|----------------------------|--------------------------------------|--------------------------------|---|--|-----|--|-----------------|---|----------------------------|--|--|--|
|                            |                                      | Code                           | V | (A)  | (D) | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |  |  |

**Employee Stock Option**  
**(right to buy)**

4.75

11/26/01

A

V

5,000

\*11/26/02

11/26/11

Class A or Class B Common Stock

5,000

0

5,000

D



Explanation of Responses:

\* **The option vests and becomes exercisable at the rate of 20% per year; the first increment will become exercisable on November 26, 2002.**

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
*See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).*

Edgar Filing: INTERFACE INC - Form 4

/s/ June M. Henton

---

**June M. Henton**

\*\*Signature of Reporting Person

1-25-02

---

**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.

Page 2