FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHAN	IGES

IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235-

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Hall Joan B.</u>					2. Issuer Name and Ticker or Trading Symbol Vera Bradley, Inc. [VRA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
	(Fi	EY, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/26/2017									Offic belov	er (give title v)		Other (specify below)		
12420 STONEBRIDGE ROAD					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	KE IN		46783											1 '	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																	
		Tabl	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, or B	enef	iciall	y Owne	ed				
1. Title of Security (Instr. 3)		2. Transa Date (Month/Da		Execution /Year) if any		ution Date,		ction Instr.				or 4 and	or 5. Amount Securities Beneficiall Owned Fo Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ct I ect I	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) c (D)	Pr	ice	Transac (Instr. 3	tion(s)			Instr. 4)	
Common	Stock			09/26/	2017				G	v	50,000	D	\$	50.00	44,8	97 ⁽¹⁾⁽²⁾	I]]	By Joan Byrne Hall Revocable Trust	
Common	Stock														41,	122 ⁽¹⁾	I]	By Joan Byrne Hall 2016 Grantor Retained Annuity Trust #1	
Common	Stock														500	0,000	I]	By Joan Byrne Hall 2017 Grantor Retained Annuity Trust #1	
Common	Stock														4,610),469 ⁽³⁾	I		By Barbara B. Baekgaard 2009 Grantor Retained Annuity Frust	
		Та									osed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	cle of 2. 3. Transaction 3A. Deemed 4. Vative Conversion Date Execution Date, Transa rirty or Exercise (Month/Day/Year) if any Code (5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (Ir	Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

^{1.} On September 26, 2017, the Joan B. Hall 2016 Grantor Retained Annuity Trust #1 (the "2016 GRAT") made an annuity payment of 94,090 shares of Issuer common stock to the reporting person, who, in turn, assigned the shares to the Joan Byrne Hall Revocable Trust (the "Revocable Trust"). On October 18, 2017, following a revised computation of the annuity payment, the annuity payment was increased to equal 94,897 shares of issuer common stock in the aggregate. The reporting person is the sole trustee and annuitant of the 2016 GRAT and sole trustee of the Revocable Trust.

^{2.} Following receipt of the annuity payment described in Note (1) above, the 2016 GRAT contributed 50,000 shares of Issuer common stock to the Barbara Bradley Baekgaard Family Foundation; the

contribution is the transaction reported in this Form 4.

 $3. \ The \ reporting \ person \ disclaims \ beneficial \ ownership \ of \ these \ shares.$

Remarks:

/s/ Joan B. Hall

10/24/2017

** Signature of Reporting Person

Date

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 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.