SEC F	Form 4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPF	ROVAL
OMB Number:	3235-0287
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Estimated average burden	

1. Name and Address of Reporting Feison		n*	2. Issuer Name and Ticker or Trading Symbol <u>Vera Bradley, Inc.</u> [VRA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
1. Name and Address of Reporting Person* Hall Robert J (Last) (First) (Middle) C/O VERA BRADLEY, INC. 12420 STONEBRIDGE ROAD (Street) ROANOKE IN 46783 (City) (State) (Zip)					Director	Х	10% Owner			
C/O VERA BRA	ADLEY, INC.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/25/2016		Officer (give title below)		Other (specify below)			
12420 STOINEB	KIDGE KUAD		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicat Line)						
· ,				X	ting Person					
ROANOKE IN 46783		46783			Form filed by More Person	than (One Reporting			
(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	on Date, Transact Code (In		3. 4. Securities A Transaction Code (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Shares	03/25/2016		A		4,302(1)	A	\$ <mark>0</mark>	54,463	D	
Common Shares								7,410,469	Ι	See footnote ⁽²⁾
Common Shares								300,000	I	See Footnote ⁽³⁾

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

(c.g., par				ut3, 0	,ano,	vvan	units,	options, t		10 300	Junices					
	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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	tive derivative ty Securities	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents restricted stock units subject to vesting and forfeiture.

2. The shares reported in column 5 are held by the Barbara B. Baekgaard 2009 Grantor Retained Annuity Trust, of which Mr. Hall's spouse serves as co-trustee. Mr. Hall disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein.

3. The shares reported in column 5 are held by the Joan Byrne Hall 2015 Grantor Retained Annuity Trust, of which Mr. Hall's spouse serves as the sole trustee.

/s/ Anastacia S. Knapper, attorney-in-fact for Robert J. <u>Hall</u> Date

03/29/2016

** Signature of Reporting Person

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.