FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES 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 Robert J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Vera Bradley, Inc. [VRA] | | | | | | | | (Ched | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|---|---|---|-----------|------------------------------|---|--|---|------|--|--------|--------------------|---|--------------------------------|---|--|--|---|---|--|--|
| | A BRADL | (First) (Middle) RADLEY, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/19/2018 | | | | | | | | Officer (give title Other (specify below) | | | | | |
| (Street) | | IN 46783 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | D i | 4: | | | | | | | | | £: - : - II- | | 1 | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transac Date (Month/Da | ction | 2A. Exe if ar | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | |) or | 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) (D) | or I | Price | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | Stock | 03/19/2 | | | 2018 | 018 | | | S | | 1,200,00 | 0 [|) | \$ 9.73 | 3,410,469 ⁽¹⁾ | | I | By Barbara B. Baekgaard 2009 Grantor Retained Annuity Trust | | |
| Common | Stock | | | | | | | | | | | | | | 6, | ,497 | I | By Joan Byrne Hall Revocable Trust | | |
| Common | Stock | | | | | | | | | | | | | | 41 | ,122 | I | By Joan Byrne Hall 2016 Grantor Retained Annuity Trust #1 | | |
| Common Stock | | | | | | | | | | | | | | 500,000 | | I | By Joan Byrne Hall 2017 Grantor Retained Annuity Trust #1 | | | |
| Common Stock | | | | | | | | | | | | | | 63,593 | | D | | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ersion Date Exercise (Month/Day/Year) if all (Month/Day/Year) | | med on Date, Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | rivative derivative Securities Benefici Owned Followin Reporter Transact | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershij Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shai | ber | er | | | | | |

Explanation of Responses:

Remarks:

/s/ Robert J. Hall

03/20/2018

** 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.