FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

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

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* Peters Karen | | | | | 2. Issuer Name and Ticker or Trading Symbol Vera Bradley, Inc. [VRA] | | | | | | | | | | | hip of Reporting Person(s) to Iss pplicable) | | | suer | |
|--|---|--|--|-----------------------------|---|---|--|-------|--|-----------|----------------------------------|-------|---|---|---|---|---|---|------------------------|--|
| | | | | 1 | | | J.9 <u></u> | | 1 | | | | | | Direc | ctor | | 10% O | wner | |
| (Last) (First) (Middle) | | | | | 3 D | 2. Data of Farlings Transportion (Month/Dov/Veor) | | | | | | | | | X | | Officer (give title below) | | Other (specify below) | |
| (Last) | • | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2015 | | | | | | | | | | EVI | VP, Retail & Wholesale Sale | | | .es |
| C/O VERA BRADLEY, INC. | | | | | 03/2//2013 | | | | | | | | | | | | | | | |
| 12420 STONEBRIDGE ROAD | | | | | | | | | | | | | | | | | | | | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | 1 | | | | | | | | | ' | X | Eorn | n filed by One | . Donorti | na Darc | on |
| ROANO | KE IN | 4 | 16783 | | 1 | | | | | | | | | | Λ | | • | | • | |
| | | | | | | | | | | | | | | | | Pers | n filed by Moi on | e man O | пе кер | orung |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ay/Year) Execution | | | A. Deemed xecution Date, any //onth/Day/Year) | | 3. Transaction Dispose Code (Instr. 8) | | | | 4 and Se Be Ov | | Securities Beneficially Owned Following | | rship irect direct 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | : | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Shares 03/27/ | | | | | 2015 | | | A | | 29,522(1) | | A | \$ | \$0 3 | | 37,860 | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Oı | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transact Code (Ins | | | | | 6. Date E Expiratio (Month/D | n Dat | e An ar) Se Un De Se | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner: Form: Direct or Indi (I) (Inst | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

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

/s/ Anastacia S. Knapper, attorney-in-fact for Karen Peters

03/31/2015

Date

** 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.