Edgar Filing: Schmidt Joseph H - Form 4

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| Form 4 March 29, 20 | • | | | | | | | | | | |
|--|---|------------------|-------------------------------|--|--|-----------|-------------|---|--|----------------------|--|
| FORN | ЛЛ | | | | | | | | OMB AF | PPROVAL | |
| | UNITED | STATES | | AITIES A Shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | F CHAN | ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | NERSHIP OF | Expires: January 31 200 Estimated average burden hours per response 0. | | |
| Form 5 obligatio may com <i>See</i> Instr 1(b). | tinue. Section 17(| a) of the 1 | Public U | | ling Con | npany | y Act of | e Act of 1934, 1935 or Section 0 | 1 | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| Schmidt Joseph H Symbol | | | Symbol DICKS | or Name and Ticker or Trading SPORTING GOODS INC | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | [DKS] | | | | | | | | |
| (Last) 345 COUR | | Middle) | 3. Date of (Month/D) 03/28/29 | - | ansaction | | | Director X Officer (give below) Presi | | Owner er (specify | |
| | | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CORAOPO | LIS, PA 15108 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | 4 and (A) | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Comment | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock, par value \$.01 per share | 03/28/2011 | | | F | 2,923 | D | \$ 39.91 | 83,815 | D | | |

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

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transactiv Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Tit Amou Unde: Secur (Instr | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | |
|--|------------|---------------|-------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Schmidt Joseph H 345 COURT STREET CORAOPOLIS, PA 15108 | | | President and COO | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Joseph H. Schmidt | 03/29/2011 | | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | | |

Explanation of Responses:

* 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. 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.

Reporting Person