GAP INC Form 3 November 12, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2225 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person * 2. Date of Requiring Â Gardner Tracy (March 10) | | | | | | 3. Issuer Name and Ticker or Trading Symbol GAP INC [GPS] | | | | | | | | |
|---|---------------------------------|---|---------------------------------------|--------------------------|------------------------------------|--|------------------------|---|-----------------------------|---|---|--|--|--|
| (Last) | (First) | (Middle) | (Month/Day/Year) 11/11/2015 | | ш) | 4. Relationship of Reporting Person(s) to Issuer | | | | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | | |
| TWO FOLSO | M ST | | | | | | | | | | • • | | | |
| (Street) | | | | | | | (Check all applicable) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| SAN FRANCISCO | | | | | | X_ Director 10% Owner Officer Other (give title below) (specify below) | | | | | | | | |
| (City) | (State) | (Zip) | | Ta | ble I - N | on-Deriva | tiv | e Securiti | ies Be | eneficially Owned | | | | |
| 1.Title of Security (Instr. 4) | | | | Bend (Inst | mount of S eficially O r. 4) | wned | Fo Dir or (I) | | 4. Natu Owner (Instr. | ship | irect Beneficial | | | |
| Reminder: Report owned directly or | | line for each | class of se | curities | beneficial | s Sl | EC | 1473 (7-02) | | | | | | |
| | Persons informat required | who respo ion contain to respond valid OMB | ed in this I unless t I control | form he fori numbe | are not m display er. | | wai | rrants, opti | ons, co | onvertible | e securities) | | | |
| 1. Title of Deriva (Instr. 4) | tive Security | 2. Date Expirati (Month/Day Date Exercisa | //Year) Exp | iration | | nd Amount of Underlying e Security Amount of Number of | or | 4. Conversio or Exercis Price of Derivative Security | e Fo De Se Di | vnership rm of rivative curity: rect (D) Indirect | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |

Shares

(I)

(Instr. 5)

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Gardner Tracy TWO FOLSOM ST SAN FRANCISCO, CA 94105-1205 | ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| By: Marie Ma, Power of Attorney For: Tr Gardner | 11/12/2015 | | | | | | |
| **Signature of Reporting Person | Date | | | | | | |
| Explanation of Respons | ses: | | | | | | |

No securities are beneficially owned

* If the form is filed by more than one reporting person, *see* Instruction 5(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.