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 burden | | | | | | | | |

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(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|--|--------------------|--|---|--|---|--|-----------|-----------------------------|----------------|---|--------|----------------|--|---|---|---|---|---|---|------------|--|--|
| 1. Name and Address of Reporting Person* VAUGHN MIMI ECKEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol GENESCO INC [GCO] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| VAUGIIN WIIWII ECKEL | | | | | | | | - | - | | | | | | | Direc | | | 10% C | | | | |
| | | | | | - | | | | | | | | | | | X | | Officer (give title below) | | Other (specify below) | | | |
| (Last) | (| (Firs | t) (1 | Middle) | | | | | est Trans | saction | (Month | n/Da | y/Year) | | | | | | , | | , | | |
| GENESCO INC. | | | | | 12/ | 12/21/2018 | | | | | | | | | | Sr VP-Finance and CFO | | | | | | | |
| | | BC | | | | | | | | | | | | | | | | | | | | | |
| 1415 MURFREESBORO ROAD | | | | 4 If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| | | | | | | - 4. " | 4. II Amenument, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| NASHV | LLLE ' | ΤN | 3 | 37217 | | | | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| | | | | | | - | | | | | | | | | | | | Pers | | | Опо тор | orung | |
| (City) | (| (Stat | te) (2 | Zip) | | | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Nor | n-Deriv | ative | Se | curit | es Ac | quire | d, Di | spc | sed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Cod | e V | 1 | Amount | | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | action(s) | | | (Instr. 4) | | |
| Common Stock 12/21/ | | | | | | 1/2018 | 3 | | | | | | 952 | D \$0 | | \$0. | .00 100,65 | | 00,656 | Т | D | | |
| | | | Та | ble II - D | Derivat | tive S | eci | urities | Acqu | ired, | Disp | ose | ed of, | or E | Benefi | ciall | y Ov | vned | | | | | |
| | | | | (| e.g., p | uts, c | alls | s, waı | rants, | optio | ns, e | con | vertib | le s | ecuri | ties) | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | sion cise ve | 3. Transaction Date (Month/Day/Year) | 3A. Deemd Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | e Exerc tion Da h/Day/\ | ate | ole and | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | str. 3 | Deriv Secu | Price of crivative curity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | | | Date Exerci | | | piration te | Title | or Nui of | ount mber ires | | | | | | | |

Explanation of Responses:

Remarks:

Mimi E. Vaughn

12/21/2018

** 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.