FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL												

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*						2. Issuer Name and Ticker or Trading Symbol GENESCO INC [GCO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>CAPLAN JONATHAN D</u>																Direc	ctor	10%	Owner
															X	Office	er (give title v)	Othe belov	r (specify v)
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)											Sr Vice President		,
GENESCO INC.						04/04/2014											31 VICE	rresident	
1415 MURFREESBORO ROAD																			
1415 WIC	IXI'IXEES.	JORO ROAD			4 15	4. If Amondment, Date of Original Filed (Month/Day/Mass)									6 Individual or Joint/Croup Filing (Chapk Applicable				
,					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)															X Form filed by One Reporting Person				
NASHVILLE TN 37217															, , ,				
					-										Form filed by More than One Reporting Person				porting
(O:+)	,,	N-+-\	(7:)													1 013	OII		
(City)	(;	State)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	ecurity (In:	str. 3)		2. Trans	action					3. 4. Securities Acquired (A)						5. Amount of		6. Ownership	7. Nature
		•		Date (Month/	Day/Voo	Execution Date, y/Year) if any			Transaction Disposed Of (D) (II Code (Instr. 5)			O) (Instr.	3, 4 ar	, 4 and		ties cially	Form: Direct (D) or Indirect	of Indirect Beneficial	
(Month/Da					Dayrica	(Month/Day/Year)									Owned		d Following	(I) (Instr. 4)	Ownership
						Ι΄.				·		(A) or Dri			Repor				(Instr. 4)
									Code	e V Amount			(A) OI (D)	Price		Transaction(s) (Instr. 3 and 4)			
Common Stock 04/04/2						1/2014					11,790)	D	\$78.89		53,158		D	
Table II. Desiration Committee Associated Discount of an Description.														<u> </u>					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and														0 Dr	ice of	9. Number o	f 10.	11. Nature	
Derivative	Conversion	Date	Execution		Transa	ction	on of tr. Derivative		Expiration Date			Amount of			Derivative		derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	if any		Code (Instr.			(Month/E	ear)	Securities			Security		Securities	Form:	Beneficial Ownership	
(Instr. 3) Price of (Month/Day				ay/rear)	8))		Securities Acquired					Underlying Derivative		(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	(Instr. 4)
Security					(A)			(A) or				Security (Instr.			3		Following	(I) (Instr. 4)	()
							Disposed of (D)					and 4)					Reported Transaction(s) (Instr. 4)	(s)	
							(Instr. 3, 4					I		(6)				1	
			Į.				and 5)												
													Am	ount					1
													or	nber					1
									Date		Expiration		of	innei					1
					Code	١v	(A)	(D)	Exercisa	ıble	Date	Title	e Sha	ares				- 1	1

Explanation of Responses:

Remarks:

Jonathan D. Caplan

04/07/2014

** 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.