FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | | |

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 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* MARSHALL THURGOOD JR | | | | | 2. Issuer Name and Ticker or Trading Symbol GENESCO INC [GCO] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|----------|------------|---------|---|--|---|---------------------------------|--|-----|---|---|-----------------|---|---|--|---|---|--|--|
| IVIAICO | IALL I | HOROOD J | 11 | | | | | | | | | | | | X | Direc | ctor | 10% | Owner | |
| (Last) (First) (Middle) GENESCO INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2014 | | | | | | | | | | Office below | er (give title w) | Othe belov | (specify y) | | |
| 1415 MURFREESBORO ROAD | | | | | 4 If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| - | | | | | . | If Americanical, Date of Original Filed (Month/Day/Teal) | | | | | | | | | Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| NASHVILLE TN 37217 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (5 | itate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Noi | n-Deriv | ative | Se | curitie | s Acq | uired, | Dis | posed o | f, or | r Bene | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Execution | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (11134114) | |
| Common Stock 06/26/ | | | | | | 6/26/2014 | | | | | 1,288 | 88 ⁽¹⁾ A S | | \$0. | 00 | 7,620 | | D | | |
| | 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) | ive Conversion Date Execution Date, Transity or Exercise (Month/Day/Year) if any Code | | | | Transa Code (| saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

Explanation of Responses:

1. Grant of restricted stock under Amended and Restated 2009 Equity Incentive Plan.

Remarks:

<u>Thurgood Marshall, Jr.</u>

** Signature of Reporting Person

06/26/2014 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.