FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | 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 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 | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|---|----------|---|--|---|-------|---|--------|---------------------|---|----------------------|---------------------|---|--|---|---|---|--|--|
| <u>GULM</u> | GE | GENESCO INC [GCO] | | | | | | | | | , icon | Direc | • | 10% | Owner | | | | | | |
| - | | | | | <u> </u> | | | | | | | | | 4 | X | Office | er (give title | Othe belo | er (specify w) | | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2012 | | | | | | | | | | , | e/Chief Fin | ´ | | |
| GENESCO INC. | | | | | | | | | | | | | | | | | | | | | |
| 1415 MURFREESBORO ROAD | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Chroat) | | | | | 4. 11. | 4. II Amenument, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | | | | | | |
| (Street) NASHVILLE TN 37217 | | | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriva | ative | Sec | uritie | s Acc | quired | Dis | posed o | f, oı | Bene | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 4 and Se Be Ov | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | of Indirect Beneficial Ownership | | | | |
| | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | | | |
| Common Stock 06/27/2 | | | | | | 2012 | | | A | | 10,348 | (1) | A | \$0.00 | | 197,836 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | Date, | 4. Transaction Code (Instr. B) | | of | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | 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, vesting in four equal annual installments, beginning on June 28, 2013.

Remarks:

James S. Gulmi

06/28/2012

** 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.