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 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | ` ' | | | | <u> </u> | | | | | | | | | |
|---|---|--------------|--|---------|--|--|---|--------|----------------------------|---|--|---|-----------------|---|---|------------------------------------|---|---|--|-----------------|
| 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>WILLI</u> | <u>AMS PA</u> | <u>.UL D</u> | | | ١ | 31 11 | | 1110 | [000 | J | | | | | | Direc | tor | 10 | % Owner | |
| | | | | - - | 2. Data of Fadigat Transaction (Month/Day/Mag) | | | | | | | | 4 | X | Officer (give title below) | | | Other (specify below) | | |
| (Last) (First) (Middle) GENESCO INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/25/2014 | | | | | | | | VP 8 | & Chief Ac | ccounting (| ounting Officer | | | |
| 1415 MURFREESBORO ROAD | | | | | 4 1 | | | | | | | | | | | | | | | |
| | | | | | - 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NASHV | ILLE T | 'n | 37217 | | | | | | | | | | | | X | Form | filed by One | e Reporting | Person | |
| | | | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vative | Se | curiti | es Acc | quired, | , Dis | posed o | f, or | Ben | eficia | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and S | | Securities | | ct Beneficia | of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | - 1. | Transaction(s) (Instr. 3 and 4) | | | (instr. 4) | |
| Common Stock 06/25/ | | | | | 5/2015 | 5/2015 | | | | | 2,852(| (1) | A \$0 | | .00 16,073 | | 6,073 | D | | |
| | | Т | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | n Date, | | Transaction Code (Instr. | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Prio Derivo Secui (Instr. | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficia O) Ownersh ect (Instr. 4) | ct al nip |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nur 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, 2015.

Remarks:

Paul D. Williams

06/26/2014

** 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.