ARGAN INC Form 4 January 08, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * **QUINN JAMES W**

> (First) (Middle)

C/O ALLEN & COMPANY LLC, 711 FIFTH AVENUE

(Street)

NEW YORK, NY 10022

2. Issuer Name and Ticker or Trading

Symbol ARGAN INC [AGX]

3. Date of Earliest Transaction

(Month/Day/Year) 01/07/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

3.

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

X_ Director 10% Owner Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

below)

6. Ownership 7. Nature of

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

or

4. Securities

Securities Beneficially Owned Following Reported Transaction(s)

5. Amount of

Form: Direct (D) or Indirect (I) (Instr. 4)

D

Indirect Beneficial Ownership (Instr. 4)

(Instr. 3 and 4)

99,570

Common Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option to purchase Common Stock | \$ 30.44 | 01/07/2016 | | A | 10,000 | 01/07/2017 | 01/07/2026 | Common Stock | 10,000 |
| Stock Option to purchase Common Stock | \$ 18.87 | | | | | 12/18/2013 | 12/18/2022 | Common Stock | 10,000 |
| Stock Option to purchase Common Stock | \$ 26.88 | | | | | 12/17/2014 | 12/17/2023 | Common Stock | 10,000 |
| Stock Option to purchase Common Stock | \$ 31.82 | | | | | 12/11/2015 | 12/11/2024 | Common Stock | 10,000 |

Reporting Owners

Quinn

**Signature of Reporting Person

| Reporting Owner Name / Address | • | Relationships | | | | | |
|---|----------|---------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| QUINN JAMES W C/O ALLEN & COMPANY LL 711 FIFTH AVENUE NEW YORK, NY 10022 | C X | | | | | | |
| Signatures | | | | | | | |
| /s/ James W. | 07/2016 | | | | | | |

01/07/2016

Date

Reporting Owners 2

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Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.