FTD Compa	anies, Inc.										
Form 4											
November 1	5, 2016										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
UNITED STATES SECURITIES AND Washington, D.C									3235-0287		
Check th if no lon	ger							Expires:	January 31,		
subject t		MENT OF	F CHANGES IN BENEFICIAL OWNERSHIP OF						Expires: 2005 Estimated average		
Section 16. SECURITIES							burden hours per				
Form 4 Form 5			, <b>.</b> .		а ·			response	. 0.5		
obligatio	-						inge Act of 1934,				
may con	tinue. Section 170			•	•	npany Act of 1	t of 1935 or Sectio	11			
See Inst	ruction	50(II) 0	n me n	ivesuiien	t Compai	IY ACT OF	1940				
1(b).											
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person *	2 Issue	er Name <b>an</b>	<b>d</b> Ticker or	Trading	5. Relationship of	Reporting Per	cson(s) to		
Vratimos E			2. Issuer Name <b>and</b> Ticker or Trading Symbol			Issuer	1 0	~ /			
			FTD Companies, Inc. [FTD]								
(Last)	(First) (		3. Date of Earliest Transaction			(Check all applicable)					
(Last) (Flist) (Middle)			(Month/Day/Year)			Director 10% Owner					
C/O FTD C	COMPANIES, IN		11/10/2016			Officer (give title Other (specify					
WOODCR	EEK DRIVE						below) F	below) EVP, Gifting			
	(Street)	,	1 If Am	andmant D	ata Origina	.1		-	n c(Chl-		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)					
			i neu(ivit	intil/Day/102	u )		_X_ Form filed by	One Reporting P	erson		
DOWNER	S GROVE, IL 60	515					Form filed by M Person	Aore than One R	eporting		
(City)	(Stata)	(Zin)									
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securit			6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution D	Date, if	Transactic Code	onAcquired Disposed			Form: Direct D) or Indirect	Indirect Papaficial		
(Instr. 3)		any (Month/Day	/Year)				•	I)	Ownership		
(		```	ay/Year) (Instr. 8) (Instr. 3, 4 and 5)			,	Following (	Instr. 4)	(Instr. 4)		
						(A)	Reported				
						or	Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D) Price					
Reminder: Re	port on a separate line	e for each clas	ss of sec	urities bene	ficially own	ned directly	or indirectly.				
					Perso	ons who re	spond to the collec		SEC 1474		
							tained in this form		(9-02)		
							ond unless the for ently valid OMB cor				
					numb						

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	]
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

8 E S

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5)	f			(
			Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 20.9	11/10/2016	А	20,000	<u>(1)</u>	01/01/2021	Common Stock	20,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Vratimos Eric C/O FTD COMPANIES, INC. 3113 WOODCREEK DRIVE DOWNERS GROVE, IL 60515	i		EVP, Gifting					
Signatures								
/s/ Eric 11. Vratimos	/14/2016							

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Stock option vests in three (3) installments starting with 1/3 on January 1, 2017, and continuing with 1/3 on each of the first two anniversaries thereafter.

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.

\*\*Signature of

Reporting Person

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