CHICOS FAS INC Form 3 December 03, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2225 OMB

INITIAL STATEMENT OF 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. Name and Address of Reporting Person <u>*</u> Broader Shelley G.			2. Date of Event Requi Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CHICOS FAS INC [CHS]					
(Last)	(First)	(Middle)	12/01/2015		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)			
11215 MET	RO PARK	WAY				× ×	,			
	(Street)			(Check all applicable) 6. Individual or Joint/Gr		dual or Joint/Group				
FORT MYE	RS, FLÂ	. 33966		<i>.</i>	10% C Other (specify below ent and CEO	wner Filing(Cl _X_Form w) Person Form	Filing(Check Applicable Line) _X_ Form filed by One Reporting			
(City)	(State)	(Zip)	Table	I - Non-Derivati	ive Securitie	s Beneficial	eneficially Owned			
1.Title of Secu (Instr. 4)	rity			unt of Securities ially Owned)	Ownership	4. Nature of Ind Ownership (Instr. 5)	lirect Beneficial			
Reminder: Repower owned directly		ate line for ea	ch class of securities ber	neficially SI	EC 1473 (7-02)					
	inform requir	nation conta ed to respo	pond to the collection ained in this form are ond unless the form d MB control number.	e not						
Т	able II - Der	ivative Secu	rities Beneficially Own	ed (e.g., puts, calls,	warrants, opti	ons, convertibl	e securities)			
1. Title of Deri (Instr. 4)	vative Securit	Expi	ration Date Sec /Day/Year) De	Title and Amount of curities Underlying privative Security (str. 4)	4. Conversion or Exercise Price of	- · · · · r	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

Date

Exercisable

Expiration

Title

Date

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Derivative

Security

Amount or

Number of

Shares

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Broader Shelley G. 11215 METRO PARKWAY FORT MYERS, FL 33966	X	Â	President and CEO	Â		
Signatures						
David M. Oliver 12/0	03/2015					
**Signature of Reporting Person	Date					

Explanation of Responses:

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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.