FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL							
	OMB Number:	3235-0287						
l	Estimated average burde	en						
l	hours per response:	0.5						

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

Name and Address of Reporting Person*     Homeister Chris					2. Issuer Name and Ticker or Trading Symbol TILE SHOP HOLDINGS, INC. [ TTS ]									ck all application	ationship of Reporting all applicable)  Director		10% Owner	
	(Last) (First) (Middle) C/O TILE SHOP HOLDINGS, INC. 14000 CARLSON PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015								X	Officer (give title below)  CEO and Pre		Pres	Other (s below) ident	респу
(Street) PLYMO		IN state)	55441 (Zip)				ent, Date of Original Filed (Month/Day/Year)						Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	Execution Date		3. Transaction Code (Instr.		4. Securi	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or	5. Amoun Securities Beneficia Owned Fo Reported	Form lly (D) ollowing (I) (I	Form: (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	nt (A) or (D) F		Price	Transacti (Instr. 3 a	on(s) nd 4)		D	(Instr. 4)	
Common	JIOCK		Table II - [ )					uired, Di s, option							00**		<u> </u>	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	saction e (Instr.	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable		kpiration ate	Title	or No	mount ımber Shares		Transaction(s)			
Stock Options (Right to Buy)	\$28.94							(2)	10	)/01/2023	Comm		00,000		200,00	00	D	
Stock Options (Right to Buy)	\$13.17							(3)	02	2/13/2021	Comm Stock		0,000		50,000	0	D	
Stock Options (Right to	\$8.73	01/02/2015		A		150,000		(4)	01	1/02/2022	Comm		50,000	\$0	150,00	00	D	

## **Explanation of Responses:**

- 1. Includes 37,500 shares of restricted stock (previously reported) for which the restrictions will lapse in equal installments of 12,500 shares on each of October 1, 2015, October 1, 2016 and October 1, 2017.
- $2.\ Options\ to\ purchase\ 50,000\ shares\ vest\ on\ each\ of\ October\ 1,\ 2014,\ October\ 1,\ 2015,\ October\ 1,\ 2016\ and\ October\ 1,\ 2017.$
- 3. Options to purchase 10,000 shares vest on each of February 13, 2015, February 13, 2016, February 13, 2017, February 13, 2018 and February 13, 2019.
- $4.\ Options\ to\ purchase\ 30,000\ shares\ vest\ on\ each\ of\ January\ 2,\ 2016,\ January\ 2,\ 2017,\ January\ 2,\ 2018,\ January\ 2,\ 2019\ and\ January\ 2,\ 2020.$

## Remarks:

/s/ Elizabeth M. Dunshee as Attorney-in-Fact for Chris 01/06/2015 Homeister pursuant to Power of Attorney previously filed.

\*\* 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.