FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT C	F CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPRO	OVAL
	OMB Number:	3235-0287
l	Estimated average burd	len
	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

1. Name and Address of Reporting Person*  RANDAZZO CARL					2. Issuer Name and Ticker or Trading Symbol TILE SHOP HOLDINGS, INC. [ TTS ]										eck all app Dired	ector		10% Ov	vner	
(Last) (First) (Middle) C/O TILE SHOP HOLDINGS, INC. 14000 CARLSON PARKWAY					04/	3. Date of Earliest Transaction (Month/Day/Year) 04/27/2017										Sr	Officer (give title below) Sr. VP - Real Estate			specify
(Street) PLYMOUTH MN 55441					-   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	n-Deri	vative	_			cqu	uired,	Dis					ly Own	d			
Date			2. Trans Date (Month/		Execution			,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Secur Benef	cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(111501.4)
Common Stock 04				04/2	7/2017	2017			M		7,500	7,500 A		\$10	12,172(1)			D		
Common Stock 04/27					7/2017	2017		F		4,863 <sup>(2)</sup> D \$		\$21.5	55 7	7,309 <sup>(1)</sup>		D				
Common Stock 04/27					7/2017	2017			S		2,637 D S		\$21.	9 4	4,672(1)		D			
		7	able II -									osed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		ransaction Code (Instr.		n of		Date Exc piration onth/Da	Date			Security	8. Price o Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da: Ex	ite ercisabl		xpiration ate	Title		Amount or Number of Shares					
Stock Option (Right to Buy)	\$10	04/27/2017			M			7,500		(3)	0	8/21/2022	Com Sto		7,500	\$0	234,00	00	D	
Stock Option (Right to Buy)	\$18.15									(4)	0	4/20/2026	Com Sto	imon ock	9,375		9,375		D	

## **Explanation of Responses:**

- 1. Includes 4,000 shares of restricted stock for which the Company's purchase option will lapse in equal installments of 1,000 shares on each of April 20, 2018, April 20, 2019, April 20, 2020 and April 20,
- 2. The reporting person has elected to pay the exercise price and satisfy his tax withholding obligation in connection with the exercise of a previously granted stock option by directing the Company to withhold shares otherwise issuable pursuant to the stock option.
- 3. Fully exercisable.
- 4. Options to purchase 1,875 shares vest on each of April 20, 2017, April 20, 2018, April 20, 2019, April 20, 2020 and April 20, 2021.

## Remarks:

/s/ John R. Houston as Attorney-in-Fact for Carl 05/01/2017 Randazzo 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.