FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
• ., ==	J. J. 17 11 12 12 1		•

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burd	len							
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

L. Name and Address of Reporting Person*  JACULLO PETER J III  (Last) (First) (Middle)						Suer Name and Ticker or Trading Symbol     TILE SHOP HOLDINGS, INC. [ TTS ]      Date of Earliest Transaction (Month/Day/Year)     12/18/2012									eck all ap	ector cer (give title	g Person X	X 10% Owner Other (specify below)	
C/O TILE SHOP HOLDINGS, INC.  14000 CARLSON PARKWAY  (Street) PLYMOUTH MN US 55441  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. I Lin	e) <mark>X</mark> For For	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(0.5)	(0.			n-Deriv	ative	Sec	uritie	s Ac	guired	. Dis	posed o	f. or	Bene	ficia	lv Owr	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			ction	tion 2A. Deemed Execution Date,		3. 4. Sec		4. Securitie	ities Acquired (A) o d Of (D) (Instr. 3, 4			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Pri		Price	Trans	saction(s) : 3 and 4)			(111501.4)		
Common Stock 12/18/20				/2012	012		S		820,265	5 D \$14		\$14.1	75 4	4,754,426			By JWTS, Inc. <sup>(1)</sup>		
Common Stock																100	<b>I</b> (2		By Son <sup>(2)</sup>
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ivative critical part of Exercise price of Derivative Security    Derivative Security   Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Truck of (Month/Day/Year)   Security   Execution Date, if any (Month/Day/Year)   Security   Securit		4. Transa Code (I 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		tr. 3	s. Price of Derivative Security Instr. 5)		Own Form Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. These securities are owned by JWTS, Inc. The reporting person is the sole director of JWTS, Inc. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for Section 16 or any other purpose.
- 2. These securities are owned by the reporting person's son. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for Section 16 or any other purpose.

/s/ Paul D. Broude, by power 12/18/2012 of attorney

\*\* 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.