FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | |
|---|-----------------------|-----------|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average but | rden | | | | | | |

0.5

hours per response:

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

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|--|---|--|---|----------|--|--|----------------|--|--|--|--|--|---|--|---|--|---------------------------------------|--|
| Name and Address of Reporting Person* Smith Wayne D | | | | | | 2. Issuer Name and Ticker or Trading Symbol READING INTERNATIONAL INC [RDI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Managing Director- Aust. & NZ | | | | | |
| (Last) (First) (Middle) 5995 SEPULVEDA BLVD SUITE 300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2017 | | | | | | | | | | | | |
| (Street) CULVER CITY CA 90230 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| , | | | ole I - Non-D | erivativ | re Se | curities | s Ac | auired. D | isnose | d of o | r Ben | eficial | ly Owned | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | 2A. Deemed Execution Date, | | 3. Transact | 4. Se | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | (A) or | 5. Amou Securitie Beneficia Owned F | nt of es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | / Amo | unt | (A) or (D) | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | | | Table II - Dei (e.ç | | | | | uired, Dis s, options | | | | | Owned | , | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | action (Instr. | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | and 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4) | | s security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expirati Date | on Title | | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | (1) | 03/23/2017 | | A | | 2,282 | | (2) | (2) | N Vo Cor | ass A fon- oting nmon tock | 2,282 | \$0 | 3,981 | | D | | |
| Stock Option; Right to Buy; Class A Non- Voting Common | \$15.97 | 03/23/2017 | | A | | 10,535 | | (2) | 03/22/2 | D22 Vo Cor | nss A fon- oting nmon tock | 10,535 | \$0 | 21,324 | | D | | |

Explanation of Responses:

- 1. Each Restricted Stock Unit represents the contingent right to receive one share of Class A Non-voting Common Stock upon vesting of the unit.
- 2. Granted pursuant to the Company's 2010 Stock Incentive Plan, vesting in four equal annual installments commencing on the first anniversary of the Date of Grant.

<u>/s/ Wayne D. Smith</u> 03/27/2017

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.