## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty  | pe Response   | s)                              |  |   |   |    |   |            |  |   |   |   |                                      |   |   |                                   |  |
|---|---|---------------------------------|--|---|---|----|---|------------|--|---|---|---|--------------------------------------|---|---|-----------------------------------|--|
| 1. Name and Address of Reporting Person* Finn Michael L |   |                                 |  |   | 2. Issuer Name and Ticker or Trading Symbol ROCKY BRANDS, INC. [RCKY] |    |   |            |  |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |                                      |   |   |                                   |  |
| (Last) (First) (Middle)<br>3700 PARAGON DRIVE           |   |                                 |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2014 |   |    |   |            |  |   | Office  | r (give title belo  | ow)                                  | Other (specify  | below)  |                                   |  |
|   |   |                                 |  | 4. If   | 4. If Amendment, Date Original Filed(Month/Day/Year)                  |    |   |            |  |   | 6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                                      |   |   |                                   |  |
|   | BUS, OH   |                                 |  |   |   |    |   |            |  |   |   |   |                                      |   |   |                                   |  |
| (City   | r)  | (State)                         | (Zip)                                      |   |   | Ta | ble I   | - Non      | -Deriv   | vative !  | Securities .  | Acqui   | ired, Dispo                          | osed of, or I   | Beneficially  | Owned                             |  |
| 1.Title of Security<br>(Instr. 3)                       |   |                                 | 2. Transaction<br>Date<br>(Month/Day/Year) |   | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)           |    |   |            | (  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   |   |                                      |   | ollowing  | 6.<br>Ownership<br>Form:          | 7. Nature<br>of Indirect<br>Beneficial |
|   |   |                                 | (Mo  |   |   |    | ode   | V          | Amour  | (A) or  | Price   | (Instr. 3 and 4)  |                                      |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)            |                                   |  |
| Common  | Stock, wi   | thout par                       | 10/01/2014                                 |   |   |    |   | A          |  | 496   | \ \ \ \ \ \   |   | 29,276                               |   |   | D                                 |  |
|   |   |                                 | Table II                                   |   |   |    |   | t<br>quire | the fo   | rm dis  | splays a c  | urre:<br>ficial   | ntly valid                           |   | spond unle<br>trol numbe                                  |                                   |  |
| 1 Title of  | l <sub>2</sub>  | 2 Tuomanation                   | n 24 Daama                                 |   | 1 (   |    |   |            |  |   | tible secur   |   | itle and                             | O Duina of  | O. Niverskaan   | of 10.                            | 11 No.                                 |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/ | Year) Execution I                          | Date, if  | te, if Transaction<br>Code<br>Year) (Instr. 8)                        |    | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |            | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |   | Amo<br>Und<br>Secu  | itle and<br>ount of<br>erlying<br>irities<br>r. 3 and   | Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owner<br>Form of<br>Deriva<br>Securi<br>Direct<br>or Indi | Benefic<br>Owners<br>y: (Instr. 4 |  |
|   |   |                                 |  |   | Code  | V  | (A)   |            | Date<br>Exerci   | isable  | Expiration<br>Date  | Title   | Amount or Number of Shares           |   |   |                                   |  |

### **Reporting Owners**

| D 4 0 V 4  | Relationships           |  |         |       |  |  |
|--|-------------------------|--|---------|-------|--|--|
| Reporting Owner Name / Address                             | Director Director Owner |  | Officer | Other |  |  |
| Finn Michael L<br>3700 PARAGON DRIVE<br>COLUMBUS, OH 43228 | X                       |  |         |       |  |  |

### **Signatures**

|   | Curtis A. Loveland, Attorney-in-Fact | 10/01/2014 |  |
|---|--------------------------------------|------------|--|
| , | **Signature of Reporting Person      | Date       |  |

### **Explanation of Responses:**

- \* 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.

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.