FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

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 *- MCDONALD JAMES E | | | | | 2. Issuer Name and Ticker or Trading Symbol ROCKY BRANDS, INC. [RCKY] | | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner | | | | | |
| (Last) (First) (Middle) 39 EAST CANAL STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015 | | | | | | | :) | | X Officer (give title below) Other (specify below) EVP, CFO and Treasurer | | | | | | |
| NELSON | NVILLE, C | (Street) | | 4. If | Amendn | nent | , Date | Origi | nal l | Filed(Mont | h/Day/Y | ear) | | X_Form fil | ual or Joint/O ed by One Repo ed by More than | orting Person | | ble Line) | |
| (City | | (State) | (Zip) | | | Т | able I | - Noi | n-De | erivative | Securi | ities Ac | cquir | ed, Dispo | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | any | tion Date | ion Date, if | | Code (Instr. 8) | | or Disposed of (D) (Instr. 3, 4 and 5) | | (D) | Benefic | | ount of Securities cially Owned Following ed Transaction(s) | | Ownership of Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | | (Mont | nth/Day/Year) | Cod | le | V | Amount | (A) or (D) | Prio | ce | (mstr. 3 | s and 4) | | or Indirect (I) (Instr. 4) | (Instr. 4) | | |
| Common value | Stock, wi | thout par | 03/09/2015 | | | | S | | | 5,000 | D | \$ 22.5 | 172 | 45,800 | | | D | | |
| Common value | Stock, wi | thout par | 03/10/2015 | | | | S | | | 5,000 | D | \$ 22.5 | 064 | 40,800 | | | D | | |
| Common value | Stock, wi | thout par | 03/10/2015 | | | | S | | | 5,000 | D | \$ 21.5 | 338 | 35,800 | | | D | | |
| Reminder: | Report on a s | separate line | for each class of sec | | | | | | Per cor the | rsons wl ntained i | no res n this splay | form s a cu | are i | not requ tly valid | ction of inf uired to res OMB conf | spond unle | ess | 1474 (9-02) | |
| | ı | 1 | | _ ` ` ` ' ' | | ls, w | | ts, op | | ıs, conver | | | | | ı | ı | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Ye | Execution I y/Year) any | Date, if | 4. Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) Am Unit Sec | | Amou Under Secur (Instr. | tle and bunt of Derivative Security (Instr. 5) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Securit Direct or India | Beneficia Ownersh (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Da Ex | ate ercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| Ī | D (1 0 N / | Relationships | | | | | | |
|---|---|---------------|--------------|------------------------|-------|--|--|--|
| | Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| | MCDONALD JAMES E 39 EAST CANAL STREET NELSONVILLE, OH 45764 | | | EVP, CFO and Treasurer | | | | |

Signatures

| Curtis A. Loveland, Attorney-in-Fact | 03/11/2015 | |
|--------------------------------------|------------|--|
| | | |

| **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.