FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | OMB Number: Estimated average burd | | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* ROBINSON RAY M | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACUITY BRANDS INC [AYI] | | | | | | | | | | olicable) | g Person(s) to | Issuer | |
|--|--|--------|----------|---------|------------------------------|--|--|-------------------|--------|-------------------|--|--|-------|----------|---|-------|---|---|---|--|
| (Last) (First) (Middle) C/O ACUITY BRANDS, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018 | | | | | | | | | | er (give title v) | Oth belo | er (specify w) | |
| 1170 PEACHTREE STREET, NE SUITE 2300 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ATLANTA GA 30309 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | l, Dis | posed o | f, oı | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution D | | | Code | action (Instr. | | | | | 4 and 5) S B O | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) | | | | | |
| Common Stock 02/01/2 | | | | | | | 2018 | | A | | 192(1) | | A | \$163.42 | | 2,024 | | D | | |
| 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) | rative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | n Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of Expirat | | | eate Exercisable and iration Date inth/Day/Year) | | | nstr. 3 | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | Code | | Code | v | (A) | A) (D) E | | able | Expiration Date | Numb of Title Share | | | | | | | | |

Explanation of Responses:

1. The shares being reported result from a grant of shares pursuant to the 2011 Acuity Brands, Inc. Nonemployee Director Compensation Plan (Effective as of December 1, 2011, as amended effective December 1, 2012).

Remarks:

<u>/s/ Jill A. Gilmer under Power</u> of Attorney for Ray M. 02/01/2018 Robinson

** 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.