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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

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

| | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burg | den | | | | |

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Nume and Address of Reporting reison | | rson* | 2. Issuer Name and Ticker or Trading Symbol ACUITY BRANDS INC [AYI] | | ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner | | |
|---|-------------------------|---------------|--|-------------------|---|--------------------------|--|
| | | | | | | | |
| (Last) C/O ACUITY | (First) BRANDS, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2016 | | Officer (give title below) | Other (specify below) | |
| 1170 PEACHTREE STREET, NE SUITE 2300 | | JE SUITE 2300 | | <u> </u> | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Group Filir | ng (Check Applicable | |
| (Street) | | | | X | Form filed by One Rep | porting Person | |
| ATLANTA | GA | 30309 | | | Form filed by More that Person | an One Reporting | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of | | | Securities Beneficially | 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 | Transaction(s) (Instr. 3 and 4) | | (instit 4) |
| Common Stock ⁽¹⁾ | 05/02/2016 | | A | | 125 | Α | \$251.69 | 2,786 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | Derivative (Month/Day/Year Securities Acquired (A) or Disposed | | ate | e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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/ Ray M. Robinson</u>

** Signature of Reporting Person

<u>05/02/2016</u> 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.