FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APP | ROVAL |
|---|-------------|----------|
| l | OMB Number: | 3235-028 |

| OMB Number: | 3235-0287 | | | | | | | |
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| 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).

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* | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACUITY BRANDS INC [AYI] | | | | | | | | Relationshi heck all app X Direc | , | g Pers | son(s) to Iss | | |
|---|--|--|--|---------|---|--|-------|--------|---|--------------|--|-----------------|---|---|---|--|--|---|--|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2016 | | | | | | | | | Offic belov | er (give title v) | | Other (below) | specify | |
| 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) | ΓA G | A : | 30309 | | | | | | | | | | | X Forn | n filed by One n filed by Mor on | | • | | |
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-D | Derivat | tive S | ecur | ities | Acc | quired, D | ispo | osed (| of, or Be | eneficia | lly Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution | | | ate, | 3. Transacti Code (Ins | (Instr. 5) | | | str. 3, 4 ar | Securi Benefi Owned Report | ties For cially (D) d Following (I) (| | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | <u>'</u> | Amount | t (A) or (D) | | | action(s) 3 and 4) | | | | | |
| | 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 Da if any (Month/Day/Y | Co | Transaction Code (Instr | | | | 5. Date Exerc Expiration Da Month/Day/Y | e and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | |
| | | | | Code | ode V | (A |) (D) | | Date Exercisable | Expi Date | iration e | Title | Amount or Number of Shares | | | | | | |
| Stock Units ⁽¹⁾ | (2) | 11/01/2016 | | I | A | 13 | 36 | | (1) | | (1) | Common Stock | 136 | \$229.26 | 5,653 | | D | | |

Explanation of Responses:

1. Stock Units are accrued under the Issuer's Nonemployee Directors' Deferred Compensation Plan (formerly known as the Nonemployee Directors' Stock Unit Plan) and are payable in shares upon retirement in either lump sum or five annual installments. Accruals include required and elective deferral of director fees. During the Reporting Period, fees paid to the Reporting Person resulted in an increase in the number of units held.

2. 1-for-1

Remarks:

/s/ Norman H. Wesley 11/01/2016

** 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.