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SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB
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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' VAICKUS ALEX	2. Date of E Requiring Statement (Month/Day, 09/25/201	Year)	3. Issuer Name and Ticker or Trading Symbol Wilhelmina International, Inc. [WHLM]					
(Last) (First) (Middle) WILHELMINA INTL 200 CRESCENT COURT SUITE 1400 (Street) DALLAS TX 75201 (City) (State) (Zip)	. 09/23/201	_ 1	4. Relationship of Reportssuer (Check all applicable) Director X Officer (give title below) Chief Executive	10% Own Other (specify below)	er 6. Indivi	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned nstr. 4)			e of Indirect Beneficial hip (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisabl Expiration Date (Month/Day/Year)		ate	3. Title and Amoun Securities Underly Derivative Security	ing	4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial	
	Date Exercisable	Expiratio Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	
Employee Stock Option	(1)	09/25/202	Common Stock	2,000,000	0.117	D		

Explanation of Responses:

 $1.\ Options\ exercisable\ in\ five\ equal\ increments\ (400,\!000\ shares\ per\ year)\ starting\ 9/25/13.$

/s/ Alex Vaickus

10/05/2012

** Signature of Reporting

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).