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

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 [®] STORY DENNIS B				2. Issuer Name and Ticker or Trading Symbol <u>MANHATTAN ASSOCIATES INC</u> [<u>MANH</u>]								eck all ap	ionship of Reporting Perso all applicable) Director		son(s) to Issuer 10% Owner	
(Last) (First) (Middle) 2300 WINDY RIDGE PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015								X belo	Officer (give title O below) be Senior Vice President &		,	
TENTH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													X Forr	n filed by One	e Reporting Pe	son
ATLANTA GA 30339												Form filed by More than One Reporti Person				
(City)	(St	ate) (Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) Date (Month/Day				/Year) if any		Date, Tran Code			4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)			• 5. An	ount of	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
				(Month/Day	//Year)		″ c	Code (In			f (D) (Insi	tr. 3, 4	Owne	rities ficially ed	Form: Direct (D) or Indirect (I)	Beneficial Ownership
					y/Year)	if any	ar) 8	Code (In			(A) or (D)	rr. 3, 4 Price	Bene Owne Follo Repo Trans	rities ficially d wing	Form: Direct (D) or	Beneficial
Common	Stock					if any	ar) 8	Code (In 8)	str.	and 5)	(A) or		Bene Owne Follo Repo Trans (Instr	rities ficially d wing rted saction(s)	Form: Direct (D) or Indirect (I)	Beneficial Ownership
Common	Stock	Ta	able II -	(Month/Day 02/24/20 - Derivati	015 ive Se	if any	ar) 8 c c quire	Code (In 8) Code S ed, Dis	v v spos	Amount 4,369 sed of, or	(A) or (D) D Benefi	Price \$51. cially	Bene Owne Follo Repo Trans (Instr	rities ficially ed wing rted saction(s) . 3 and 4) 48,358	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

- 1	1. THE OF	4 .	5. ITalisaction	SA. Deenieu	14.		J. Number		0. Date Exercisable and		7. The and		o. FIICe	5. Number of	10.	III. Nature	н
	Derivative	Conversion	Date	Execution Date,	Transaction		of		Expiration Date		Amount of		of	derivative	Ownership	of Indirect	L
	Security	or Exercise	(Month/Day/Year)	if any	Code (Instr.		Derivative		(Month/Day/Year)		Securities		Derivative	Securities	Form:	Beneficial	L
	(Instr. 3)	Price of		(Month/Day/Year)	8)		Securities				Underlying		Security	Beneficially	Direct (D)	Ownership	L
		Derivative					Acquired		1		Derivative		(Instr. 5)	Owned	or Indirect	(Instr. 4)	L
		Security					(A) or			Security (Instr.		1	Following	(I) (Instr.		L	
					1		Disposed		1		3 and 4)			Reported	4)		L
					of (D)							Transaction(s)			L		
					(Instr. 3, 4				1			(Instr. 4)			L		
					and 5)		and 5)									I	
												Amount					l
												or					L
												Number					L
									Date	Expiration		of					L
					Code V		(A)	(D)	Exercisable	Date	Title	Shares					I

Explanation of Responses:

Remarks:

/s/ Kerrie K. Hanley, as Attorney-in-Fact for Dennis B. 02/25/2015 Story

** 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.