FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |

| 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

| ONBALL | COVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person* HANCE JAMES H JR | | | | | 2. Issuer Name and Ticker or Trading Symbol ACUITY BRANDS INC [AYI] | | | | | | | | | | | all app | ionship of Reportin all applicable) Director | | ng Person(s) to Issuer 10% Owner | | |
|--|-------|--------|----------|-------------------------|---|---|---|---|--|-------------------------|--|---|-------|------------------------------------|---|---|---|--|---|--|--|
| (Last) (First) (Middle) C/O ACUITY BRANDS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2014 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 1170 PEACHTREE STREET NE, SUITE 2300 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ATLANT | TA GA | A 3 | 30309 | | | | | | | | | | | | X | | n filed by One n filed by Mor on | • | Ü | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, o | r Ber | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Exec ay/Year) if any | | A. Deemed kecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securiti Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 4 and 5) S E | | 5. Amount of Securities Beneficially Owned Following Reported | | ship rect direct 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | | | |
| Common Stock ⁽¹⁾ 08/20/ | | | | | | /2014 | | | A | | 165 | A \$1 | | \$12 1 | 1.41 165(2) | | 165 ⁽²⁾ | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution if any (Month/Day | | | | n Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | Amount c Securities Underlyin Derivative Security (and 4) | | İ | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. The shares being reported result from the award of restricted shares pursuant to the Acuity Brands, Inc. Long-Term Incentive Plan.
- $2. \ The total direct shares owned includes 165 time-vesting restricted shares.$

Remarks:

James H. Hance, Jr.

** Signature of Reporting Person

08/20/2014

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.