FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL
	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							()												
Name and Address of Reporting Person* Conforti Frank						2. Issuer Name and Ticker or Trading Symbol URBAN OUTFITTERS INC [URBN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Conforti	<u>Frank</u>						11001		TILITO		<u>o</u> [oraz]			Director			10% Ow	ner
(Last) (First) (Middle)					3. Da	Date of Earliest Transaction (Month/Day/Year)								X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) 5000 SOUTH BROAD STREET					02/2	02/23/2015							Chief Financial Officer						
Soot Soot III BROND STREET													_						
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
PHILADELPHIA PA 19112												X Form filed by One Reporting Person							
(City) (State) (Zip)														Form filed by More than One Reporting Person					
		Tabl	le I - Nor	n-Deriv	ative	Sec	curities	Acc	quired,	Dis	posed of	f, or Ber	nefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)							lly ollowing	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Pric	е	Transacti	nsaction(s) etr. 3 and 4)			(Instr. 4)
		Т									osed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) Securitie Acquirer (A) or Dispose of (D) (Ir 3, 4 and		ve es ed ed nstr.	6. Date E Expiratio (Month/D	n Dat		of Securities			Derivative Security urity (Instr. 5)		er of e s llly on(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amou or Numb of Share	per					
Performance Based Restricted Stock Unit	(1)	02/23/2015			A		40,000		(2)		(2)	Common Shares	40,0	00	\$0.00	40,00	0	D	

Explanation of Responses:

- 1. Each Performance Based Restricted Stock Unit ("PSU") represents a contingent right to receive one of the issuer's common shares.
- 2. One-third of the total number of PSUs are eligible to vest on each of February 23, 2018, 2019 and 2020, contingent on the continued employment of the reporting person through such date, the satisfaction of certain performance measures relating to the issuer's average operating profit margin for the fiscal years 2017, 2018, 2019 and 2020 and the satisfaction of the requirement that the average closing price of the issuer's common shares during the six-month period before the applicable vesting date be at least equal to the grant date price; provided, however, that on the three vesting dates, the number of PSUs that vest is limited to the number of PSUs multiplied by three times the fair market value ("FMV") of the issuer's common shares on the grant date, divided by the FMV of the issuer's common shares on the day before the applicable vesting date. This limitation caps the FMV of the award at three times the FMV of the award on the grant date.

Remarks:

/s/ Frank Conforti

02/25/2015

** Signature of Reporting Person

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.