## 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 OF SECURITIES

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 or	nd Address of	Reporting Par	**************************************	2	Issuer Name	and Ti	ckero	r Tradir	na Sun	nhol		5. Relation	nship of Rer	orting Perso	n(s) to Issue	r
1. Name and Address of Reporting Person* OLSON THOMAS F			SE	2. Issuer Name and Ticker or Trading Symbol SEACHANGE INTERNATIONAL INC [SEAC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director					
(Last) (First) (Middle) 5242 SEA CHASE DRIVE, UNIT #5					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2014								Cha	irman of the	Board	
(Street) AMELIA ISLAND, FL 32034				4. I	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City		(State)	(Zip)		т	able I	- Non	-Deriva	ative S	ecurities	Acqui	red Disn	osed of or l	Reneficially	Owned	
1.Title of S (Instr. 3)	Citle of Security 2. Transactistr. 3) Date		2. Transaction Date (Month/Day/Y	ear) Exe	2A. Deemed Execution Date, i		3. Transact Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		quired of	5. Amoun Beneficia	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
						С	ode	V A	Amount	(A) or (D)	Price				(I) (Instr. 4)	
C	Stock		02/01/2014				A		3,361	A	\$ 0			D		
	Report on a s	separate line fo	r each class of s	ecurities	beneficially o	wned (	Ī	Person contair	ns who ned in	respo this fo	rm are	not requ	ction of inf uired to res	spond unle	ess	1474 (9-02)
	Report on a s	separate line fo		II - Deriv	vative Securit	ies Ac	quire	Person contair the for d, Dispo	ns who ned in m disp	respo this fo plays a f, or Ber	rm are currer reficiall	not requality valid	uired to res OMB con	spond unle	ess	1474 (9-02)
Reminder:	•	3. Transaction Date (Month/Day/	Table  3A. Deer Executio	II - Deriv (e.g., ned n Date, if	vative Securit puts, calls, w 4. Transaction Code	ies Ac arran	equirects, opt	Person contair the for d, Dispo	ns who ned in m disposed of onverting Exerci-	o respo this for plays a f, or Ber ible secu isable in Date	rm are currer neficiall rrities) 7. Ti Amo Undo Secu	not requality valid	uired to res	spond unle	of 10. Ownersi Form of Derivati Security Direct (i	11. Natural of Indirection of Indire

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
OLSON THOMAS F 5242 SEA CHASE DRIVE UNIT #5 AMELIA ISLAND, FL 32034	X			Chairman of the Board		

# **Signatures**

/s/ Thomas F. Olson	02/04/2014
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- The securities awarded on February 1, 2014 are in the form of restricted stock units (RSUs) issued pursuant to the issuer's 2011 Compensation and Incentive Plan that entitle (1) the reporting person to receive one (1) share of common stock per RSU. The reporting person has elected to defer issuance of the shares underlying the RSU award until the earlier of the reporting person's departure from the issuer's board of directors or a change in control of the issuer.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.