INTERFACE INC

Form 4

August 28, 2002

OMB Form 4 UNITED STATES SECURITIES AND EXCHANGE **APPROVAL COMMISSION** OMB Number: 3235-0287 Washington, DC 20549 **Expires: January** 31, 2005 Check box if no **Estimated** STATEMENT OF CHANGES IN BENEFICIAL longer subject average burden **OWNERSHIP** to Section 16. hours per Form 4 or Form response...0.5

5 obligations may continue. See instructions

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the

Investment Company Act of 1940

1(b).

(Print or Type Responses)

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(Print or Type Responses)						
1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol					
Kennedy Christopher G.	Interface, Inc. (IFSIA)					
(Last) (First)	(Middle)					
2859 Paces Ferry Road, Suite 2000						
I.R.S. Identification Number of Reporting Person, if an entity (voluntary)						

4. Statement for Month/Year

August 2002

(Street)

Atlanta, Georgia 30339

- 5. If Amendment, Date of Original (Month/Year)
- 7. 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)
Table I - Non-Derivative Securities Acquired, Dispo	sed of, or Beneficiall	ly Owned	
1. Title of Security (Instr. 3)			
2. Transaction Date (Month/Day/Year)			
3. Transaction Code (Instr. 8)			
4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			
5. Amount of Securities Beneficially Owned at End (Instr. 3 and 4)	of Month		
6. Owner-ship Form: Direct (D) or Indirect (I) (Instr. 4)			
7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Code			
V			
	Amount		
	(A) or (D)		
	Price		
Class A Common Stock			
	8/6/02		
	P		
	1,495		

 \mathbf{A}

\$4.75 30,223

D

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 Instructions 4(b)(v).

Potential persons who are to respond to the collection of information (Over) contained in this form are not required to respond unless the form displays a currently valid OMB control number. (3-99)

FORM 4 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

version rcise e of vative ırity	3. Transaction Date (Month/ Day/ Year)	4. 5. Transaction Number Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of(D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9.Number of Derivative Securities Beneficially Owned at End of Month (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	
		Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Christopher G. Kennedy

Christopher G. Kennedy

**Signature of Reporting Person

8-28-02

Date

Note:

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

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