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

| Name and Address of Reporting Person*     DEMILIO MARK S   |   |  |   | 2. Issuer Name and Ticker or Trading Symbol Restoration Hardware Holdings Inc [ RH ] |   |   |  |        |  |   |                    |  |          | tionship of R<br>all applicab<br>Director  |   | erson(  | s) to Issuer                               | vner   |  |
|--|---|--|---|--|---|---|--|--------|--|---|--------------------|--|----------|--|---|---|--|--|--|
| (Last) (First) (Middle)  |   |  |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2012 |   |  |        |  |   |                    |  |          |  | Officer (g<br>below)                                | ive title   |  | Other (s<br>below)   | specify  |
| 15 KOCH ROAD, SUITE J  |   |  |   |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |  |        |  |   |                    |  | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |   |   |  |  |  |
| (Street) CORTE MADERA  | CA  | 94   | 925   |  |   |   |  |        |  |   |                    |  |          |  |   | ,   | •  | ne Reportin  | g Person   |
| (City)   | (State)   | (Zi <sub>l</sub>                           | o)  |  |   |   |  |        |  |   |                    |  |          |  |   |   |  |  |  |
|  |   | Та   | ble I - Noı   | n-Deri   | ivativ  | e Se  | curitie  | s Acqı | uired, l   | Disp  | osed of,           | or l   | Benefi   | cially Ow  | /ned  |   |  |  |  |
| Date   |   |  |   | e Enth/Day/Year) if  |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  |        |  | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 an |                    |  |          | rities<br>ficially Owned<br>wing Reported  |   | nership<br>: Direct (D)<br>lirect (I)<br>. 4)   | 7. Nature of Indirect Beneficial Ownership |  |  |
|  |   |  |   |  |   |   |  | Code   | v  | Amount  |                    | (A) or<br>(D)  | Price    | (Instr. 3 and  |   |   |  | (Instr. 4)   |  |
| Common Stock 11/0  |   |  |   |  | 02/201  | /2012 A 36,023 A  |  | \$0.00 | 36,0   | 36,023  |                    | D  |          |  |   |   |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |  |   |   |  |        |  |   |                    |  |          |  |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/ | ate,   | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |        | 6. Date Exercisable a<br>Expiration Date<br>(Month/Day/Year) |   | te                 | nd 7. Title and Am<br>Securities Unde<br>Derivative Secu<br>(Instr. 3 and 4) |          | derlying<br>curity   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s | s<br>Illy                                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |  | Code  | v   | (A)  | (D)    | Date<br>Exercisa   |   | Expiration<br>Date | Title  |          | Amount<br>or<br>Number<br>of Shares  |   | (Instr. 4)  |  |  |  |

**Explanation of Responses:** 

Glenda Citragno as Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

Date

11/05/2012

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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