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Staudmyer Fr Form 4 April 03, 201											
FORM	Δ								-	PPROVAL	
	D STATES		ITIES AI			COMMISSION	OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or	er STAT I	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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(h) of the Investment Company Act of 1940											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person * Staudmyer Frederick2. Issuer Name and Ticker or Trading Symbol5. Relationship of Reporting Person(s) to Issuer							son(s) to				
			PATRIOT NATIONAL BANCORP INC [PNBK]					(Check all applicable)			
(Last) (First) (Middle) C/O PATRIOT NATIONAL BANCORP, INC., 900 BEDFORD STREET			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2019					Director 10% Owner X Officer (give title Other (specify below) below) Secretary and Chief HR Officer			
		idment, Dat h/Day/Year)	e Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
STAMFORI	D, CT 06901							Form filed by I Person	More than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	emed on Date, if 'Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/01/2019			A	551 <u>(1)</u>	, í	\$0	3,203 (2)	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

D S	. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
					Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Staudmyer Frederick C/O PATRIOT NATIONAL BANCORP, INC. 900 BEDFORD STREET STAMFORD, CT 06901				Secretary and Chief HR Officer					
Signatures									
/s/ Frederick Staudmyer	04/03/2019								
<u>**</u> Signature of Reporting	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).
- (1) On April 1, 2019, the Reporting Person was granted 551 shares of the Issuer's common stock which vest annually in equal installments over three years (183 shares, 184 shares and 184 shares respectively as of December 31, 2019, 2020 and 2021).
- In the last Form 4 filed by the Reporting Person on May 29, 2018, it was reported that the Reporting Person owned a total of 5,527 shares.
 (2) Since the last filing, the Reporting Person sold a total of 2,875 shares of the Issuer's common stock, reducing the total number of shares owned prior to the grant on April 1, 2019 to be 2,652 shares.

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.

Person