

LAWSON PRODUCTS INC/NEW/DE/
 Form 3
 May 30, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *

Â Brown Matthew Jay
 (Last) (First) (Middle)

8770 WEST BRYN MAWR AVENUE,Â SUITE 900

(Street)

CHICAGO,Â ILÂ 60631

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 05/30/2017

3. Issuer Name and Ticker or Trading Symbol
 LAWSON PRODUCTS INC/NEW/DE/ [LAWS]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 SVP, Sales

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$1.00 par value	424	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Market Stock Units	12/31/2018	12/31/2018	Common Stock	4,449 ⁽¹⁾	\$ 0	D	Â
Market Stock Units	12/31/2019	12/31/2019	Common Stock	2,864 ⁽²⁾	\$ 0	D	Â
Stock Performance Rights	12/31/2018	12/31/2023	Common Stock	2,412 ⁽³⁾	\$ 18.98	D	Â
Stock Performance Rights	12/31/2019	12/31/2024	Common Stock	1,895 ⁽³⁾	\$ 22.75	D	Â
Restricted Stock Units	12/31/2019	12/31/2019	Common Stock	1,547 ⁽⁴⁾	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Brown Matthew Jay 8770 WEST BRYN MAWR AVENUE SUITE 900 CHICAGO, IL 60631	Â	Â	Â SVP, Sales	Â

Signatures

/s/ Neil E. Jenkins,
Attorney-in-Fact

05/30/2017

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Represents the right to receive an amount of shares of common stock, up to the amount set forth in the table, based upon the appreciation of the common stock from the grant date to December 31, 2018.
- (2) Represents the right to receive an amount of shares of common stock, up to the amount set forth in the table, based upon the appreciation of the common stock from the grant date to December 31, 2019.
- (3) Represents the right to receive cash in an amount equal to the appreciation in the common stock above the exercise price at the date the reporting person exercises the right.
- (4) Represents the right to receive shares of common stock at the exercise date in an amount equal to the number of restricted stock units.

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.