Edgar Filing: HILARIO EMANUEL N - Form 4

HILARIO E	MANUEL N											
Form 4												
February 20,	, 2019											
FORM	14				1					OMB AF	PROVAL	
	UNITED	STATES		shington				GE C	OMMISSION	OMB Number:	3235-0287	
	Check this box									Expires:	January 31,	
if no longer subject to STATEMENT OF Cl				HANGES IN BENEFICIAL OWN					NERSHIP OF	Estimated a	2005 average	
Section 1	Section 16. SECURITIES							burden hours per				
Form 4 c Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5			
obligatio								•	e Act of 1934, 1935 or Sectior			
may con	tinue.	· · ·	of the In	•		U 1	•			1		
See Instr 1(b).	uction	50(II)	of the m	ivestinein	i Ci	Jiipaily	Act	л 1) т	0			
1(0).												
(Print or Type I	Responses)											
	Address of Reporting	g Person [*]		r Name an e	and and month of maching			5. Relationship of Reporting Person(s) to Issuer				
				Symbol								
			ONE G	ONE Group Hospitality, Inc. [STKS]					(Check all applicable)			
(Last)	(First) ((Middle)	3. Date of	f Earliest T	rans	saction						
				Month/Day/Year)					X_ Director 10% Owner X_ Officer (give title Other (specify			
FLOOR	14TH STREET,	ZND	02/18/2	019					below)	below)	a (specify	
FLOOK									Presi	dent and CEO		
(Street) 4.			4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed				iled(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
NEW VOD	K, NY 10014								Form filed by M			
INEW TOK	K , N I 10014								Person			
(City)	(State)	(Zip)	Tabl	le I - Non-l	Deri	ivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat		3. 4. Securities Acquired					5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)						Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(IIIsu. <i>5)</i>		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)						-	Indirect (I)	Ownership		
			•						Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				a 1 a	7		or	D.	(Instr. 3 and 4)			
Common				Code V	/ _	Amount	(D)	Price				
Stock	02/18/2019			А	1	50,600	А	\$0	562,906	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)

Reporting Owners

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1. 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. Transactio Code (Instr. 8)	5. Number of orDerivative 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((
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.99	02/18/2019		A	68,000	<u>(1)</u>	02/18/2029	Common Stock	68,000

Reporting Owners

Reporting Owner Name / Addres	35	Relationships							
	Director	10% Owner	Officer	Other					
HILARIO EMANUEL N 411 WEST 14TH STREET 2ND FLOOR NEW YORK, NY 10014	Х		President and CEO						
Signatures									
/s/ Emanuel N.	02/19/2019								

**Signature of Date Reporting Person

Hilario

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) The stock option becomes exercisable for one third of the shares on each of the first three anniversaries of the grant date.

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.