## Edgar Filing: Kempthorne Dirk A - Form 4

Form 4	ΚA									
March 14, 2019									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Weshington D.C. 20540								N OMB	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction	subject to       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP C         Section 16.       SECURITIES         Form 4 or       Filed pursuant to Section 16(a) of the Securities Exchange Act of 193         obligations       Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 17(a) of the Insustment Company Act of 1940							Estimated burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5	
1(b).	1				Ĩ					
(Print or Type Respo	nses)									
1. Name and Address of Reporting Person <u>*</u> Kempthorne Dirk A				er Name <b>an</b> IPIC STE			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					(Che	eck all applicabl	e)		
(Month				/onth/Day/Year)X_Di			X Director Officer (giv below)		% Owner her (specify	
(Street) 4. If Amendment, Date Origin Filed(Month/Day/Year) HIGHLAND HILLS, OH 44122					-	al	<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
							Person			
(City)	(State)	(Zip)	Tab	ole I - Non-J			Acquired, Disposed		lly Owned	
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V		(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report or	n a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inform requir	ons who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					sposed of, or convertible	Beneficially Owner securities)	1		

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)			(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst
				Code V	(A)	(D)	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	<u>(1)</u>	03/12/2019		А	4,656		(2)	(2)	Common Stock	4,656	Ş

Other

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer		
Kempthorne Dirk A C/O OLYMPIC STEEL, INC. 22901 MILLCREEK BLVD., SUITE 650 HIGHLAND HILLS, OH 44122	Х				
Signatures					
/s/ Gretchen A. Sterling, as Attorney-in-Fact	03/	14/2019			
**Signature of Reporting Person		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) Each restricted share unit represents the right to recieve one share of Olympic Steel, Inc. common stock.
- (2) The restricted share units generally vest on January 1, 2020, subject to earlier vesting in certain circumstances set forth in the award agreement, but will not be delivered to the reporting person until the reporting person ceases to be a member of the Board of Directors.
- (3) This total number of restricted share units includes previously-granted restricted share units with different vesting terms.

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.