## Edgar Filing: BSQUARE CORP /WA - Form 4

BSQUARE C	CORP /WA												
Form 4													
November 22	2, 2016												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL				
	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check this if no longe	or									Expires:	January 31,		
subject to	STAT	EMENT O	F CHAN				CIA	LOW	NERSHIP OF	Estimated a	2009 d average		
Section 16	5.			SECU	ECURITIES						burden hours per		
Form 4 or										response 0.			
Form 5 obligation	· .							-	ge Act of 1934,				
may conti				•		•	- ·		f 1935 or Sectio	n			
See Instru- 1(b).	ction	30(h)	of the Inv	vestmei	nt C	Company	y Act	of 19	40				
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u>*</u> Caldwell Scott Bruce S				Name <b>a</b> i	nd 🛛	Ficker or 7	Гradin	g	5. Relationship of Reporting Person(s) to Issuer				
	BSQUA	RE CO	<b>P</b> RP	9/WA [I	BSQE	<b>R</b> ]	(Chao	k all applicable	a)				
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			(Chee	k all applicable	5)		
			(Month/D	ay/Year)					Director	10%	6 Owner		
110 - 110TH	AVE., NE, S	UITE 300	11/21/20	)16					XOfficer (give below) VP V	e title Oth below) VW OEM Sale	er (specify s		
	(Street)		4. If Amer	ndment, l	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check		
			Filed(Mon	th/Day/Ye	ear)				Applicable Line)				
BELLEVUE	, WA 98004								_X_ Form filed by 0 Form filed by M Person				
(City)	(State)	(Zip)	Table	e I - Non	-De	rivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction			3.		4. Securi				6. Ownership			
Security	(Month/Day/Ye		on Date, if		ctio	nAcquired			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8	8)	Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned	× /	Beneficial Ownership		
		(		(11041.0)		(		- )	Following		(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code	V	Amount	(D)	Price	(mou. 5 and 4)				
Common Stock	11/21/2016			F		189 (1)	D	\$ 5.7	87,289	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)

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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired	8	Date	7. Title Amount Underly Securiti (Instr. 3	t of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo
					<ul><li>(A) or</li><li>Disposed</li><li>of (D)</li><li>(Instr. 3,</li><li>4, and 5)</li></ul>						Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	o Title N o	Amount or Number of Shares		
Reno	rtina ()	wners									

## Edgar Filing: BSQUARE CORP /WA - Form 4

## Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Caldwell Scott Bruce 110 - 110TH AVE., NE BELLEVUE, WA 9800			VP WW OEM Sales						
Signatures									
/s/ Scott Bruce Caldwell	11/22/20	16							
<u>**</u> 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) Represents shares that were withheld to pay the minimum tax liability for the restricted stock units that vested on November 21, 2016.

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.