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Olson Gary S Form 4 August 09, 2 FORN Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	018 UNITED STAT is box ger 6. r 5. Filed pursuant Section 17(a) of t 30	Was OF CHAN to Section 10	hington, GES IN F SECURI 5(a) of the ility Hold	D.C. 209 BENEFI ITIES Securiti ing Com	549 CIA ies Ez ipany	L OW	NERSHIP OF ge Act of 1934, of 1935 or Sectio	OMB Number: Expires: Estimated burden hor response.	urs per		
(Print or Type F	(esponses)										
1. Name and Address of Reporting Person <u>*</u> Olson Gary S		Symbol	2. Issuer Name and Ticker or Trading Symbol ESSA Bancorp, Inc. [ESSA]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		Earliest Tra	_	-		(Cheo	ck all applicabl	e)		
200 PALME		(Month/Day/Year) 08/07/2018				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President and CEO					
STROUDSI	mendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 						
(City)	(State) (Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo	Deemed cution Date, if	3. Transactic Code (Instr. 8)	4. Securi onAcquirec Disposec (Instr. 3,	ties l (A) of l of (D 4 and (A) or	or)) 5)	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		
Common Stock	08/07/2018		Code V S	200	(D) D	Price \$16	$71,466 \underline{(2)} \underline{(3)} \\ \underline{(4)} \underline{(5)}$	D			
Common Stock	08/08/2018		S	1	D	\$ 16	$71,465 \underline{(2)} \underline{(3)}$	D			
Common Stock							40,906 <u>(1)</u>	I	By 401(k)		
Common Stock							130	Ι	By Spouse's IRA 1		
Common Stock							136	Ι	By Spouse's		

IRA 2

 Common
 11,986 (1)
 I
 By ESOP

 Stock
 11,986 (1)
 I
 By ESOP

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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Olson Gary S 200 PALMER STREET STROUDSBURG, PA 18360	Х		President and CEO				
Signatures							

/s/ Marc P. Levy, pursuant to power of attorney

**Signature of Reporting Person

08/09/2018 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) Reflects transactions not required to be reported pursuant to Section 16 of the Securities Exchange Act of 1934, as amended.
- (2) Includes shares of restricted stock which vest at a rate of 25% per year commencing on September 30, 2015.
- (3) Includes shares of restricted stock which vest at a rate of 25% per year commencing on September 30, 2016.

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(4) Includes shares of restricted stock which vest at a rate of 25% per year commencing on September 30, 2017.

(5) Includes shares of restricted stock which vest at a rate of 25% per year commencing on September 30, 2018.

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.