Edgar Filing: Yoder Kevin - Form 4

Yoder Kevin													
Form 4													
February 19,	2019												
FORM	Δ									OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check this box if no longer subject to STATEMENT OF CHANG				o /						Expires:	January 31,		
				GES IN BENEFICIAL OWNERS					NERSHIP OF)F Estimated average			
Section 10	5.			SECURITIES						burden hours per response 0.5			
Form 4 or													
Form 5	Filed purs	suant to S	ection 16	$\delta(a)$ of the	le Sec	curiti	es E	xchang	e Act of 1934,				
obligation may conti		a) of the H	Public Ut	ility Hol	ding (Com	pany	Act of	f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Com	npany	y Act	t of 194	40				
1(b).													
(Print or Type R	esponses)												
1 1 1 1 4	11 CD (* 1	*							5 D L (* 1 * 1				
Yoder Kevin	ddress of Reporting I	erson_		er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer				
	L		Symbol										
			LANIK	NTRONIX INC [LTRX]					(Check all applicable)				
(Last)	(First) (M	(iddle)	3. Date of Earliest Transaction										
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			(Month/Da	-					Director		Owner		
C/O LANTRONIX, INC., 7535 02/15/20				5/2019					XOfficer (give titleOther (specify below) below)				
	NTER DRIVE, S	UITE							VP of	Worldwide Sal	es		
100													
				ndment, Date Original					6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)					Applicable Line)				
	00(10								_X_ Form filed by (Form filed by N	One Reporting Pe More than One Re			
IRVINE, CA	92618								Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-I	Deriva	tive S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	A. Deen	ned	3. 4. Securities Acquired					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	n Date, if		saction(A) or Disposed of				Securities	Form: Direct			
(Instr. 3)		any	any (Month/Day/Year)		Code (D) $(\text{Instr} 2)$ (lastr 2) (and 5)				•	· /	Beneficial		
		(Month/L	Day/Year)	(Instr. 8)	Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)) Ownership (Instr. 4)		
									Reported	(1110/11/1)	(11541-1)		
							(A) or		Transaction(s)				
				Code V	Am	ount	(D)	Price	(Instr. 3 and 4)				
Common	02/15/2010							\$	66 669	D			
Stock	02/15/2019			Р	7,0	00	А	2.85	66,668	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)

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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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
1	Director	10% Owner	Officer	Other			
Yoder Kevin C/O LANTRONIX, INC. 7535 IRVINE CENTER DRIVE, SUITE 100 IRVINE, CA 92618			VP of Worldwide Sales				
Signatures							
/s/ Jeremy Whitaker, Attorney-in-fact for Kevin Yoder		02/19/2019					
<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).

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.