SERVOTRONICS INC /DE/

Form 4 January 04, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

subject to Section 16. Form 4 or

Form 4 or Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

SERVOTRONICS INC /DE/ [SVT]

3. Date of Earliest Transaction

Symbol

1(b).

(Last)

(Print or Type Responses)

Trbovich Kenneth D

1. Name and Address of Reporting Person *

(First)

(Middle)

1110 MAPI 300	LE STREET, P.O. BO		Day/Year) 2017				X Director X Officer (gi below)		% Owner her (specify
			Amendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ELMA, NY	14059-0300							More than One F	
(City)	(State) (Zip)	Tab	le I - Non-D	Derivative	Secur	rities Ac	quired, Disposed	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	any	Deemed cution Date, if onth/Day/Year)	3. Transaction Code (Instr. 8)		4 and (A) or	ed of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	01/01/2017		F	6,147	D	9.97 (1)	53,001 (2)	D	
Common Stock							4,465.73	I	By ESOT
Common Stock							78,688.443 (3)	I	As trustee of ESOT (shares allocated to accounts of the Reporting

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January 31,

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Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Estimated average

burden hours per

Person's family members)

(9-02)

of 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Trbovich Kenneth D 1110 MAPLE STREET, P.O. BOX 300 ELMA, NY 14059-0300	X		President			

Signatures

Kenneth D. 01/04/2017 **Trbovich** **Signature of Date Reporting Person

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).
- On January 1, 2017, 15,000 restricted shares vested and the Reporting Person instructed the Company to withhold 6,147 shares to cover tax withholding obligations as permitted under the Company's 2012 Long-Term Incentive Plan.

(2)

Reporting Owners 2

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As of the date hereof, the Reporting Person's direct beneficial ownership includes 15,000 restricted shares granted under the Company's 2012 Long-Term Incentive Plan that have not yet vested.

As of the date hereof, includes shares allocated to the Employee Stock Ownership Trust (the "ESOT") accounts of the Reporting Person's father, Dr. Nicholas Trbovich, and the Reporting Person's brothers, Michael Trbovich and Nicholas Trbovich, Jr., that the Reporting Person is required to report pursuant to Rule 16a-8(b)(2). The Reporting Person disclaims beneficial interest in the shares allocated to his family members' ESOT accounts.

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.