Edgar Filing: Eckart Samuel E - Form 4

| Eckart Samue Form 4 | el E | | | | | | | | | | |
|--|--|---|--|---|---------------|--|--|--|---|-----------|--|
| March 08, 20 | 18 | | | | | | | | | | |
| FORM A | | | | | | | | | OMB APPROVAL | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATI 5. Filed p ^s Section 1 | 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 20(b) of the Investment Company Act of 1940 | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Eckart Samuel E | | | 2. Issuer Name and Ticker or Trading Symbol First Savings Financial Group Inc [FSFG] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 501 E. LEW PARKWAY | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2018 | | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | | | |
| | (Street) | Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | | |
| CLARKSVI | LLE, IN 4712 | 9 | | | | | | Form filed by I Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | urity (Month/Day/Year) Execution Date, in | | on Date, if | 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | 03/08/2018 | | | Code V S | Amount 906 | (D) D | Price | (Instr. 3 and 4) 2,039 | I | By IRA | |
| Stock | 03/06/2018 | | | 5 | 900 | D | φ07 | 2,039 | 1 | Dy IIIA | |
| Common Stock | | | | | | | | 12,965 | D | | |

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

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 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. Transactio Code (Instr. 8) | of | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Tit Amou Under Secur (Instr | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Ownd Follo Repo Trans (Instr |
|---|---|---|---|--|---------|--|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | | | | |
|--|------------|-------------------|------|-------|--|
| | Director | 10% Owner Officer | | Other | |
| Eckart Samuel E 501 E. LEWIS & CLARK PARKWAY CLARKSVILLE, IN 47129 | Х | | | | |
| Signatures | | | | | |
| /s/ John P. Lawson, Jr., pursuant to Powe Attorney | 03/08/2018 | | | | |
| <u>**</u> Signature of Reporting Person | | | Date | | |
| Explanation of Respons | ses: | | | | |

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.