Edgar Filing: Edelson I Steven - Form 4

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TO

| Form 4 May 15, 2013 | | | | | | | | | | | | |
|---|---|---|-----------------|---|------------------------|--|--|---|-----------------|-----------|--|--|
| FORM | Λ | | ~~~~~ | | | | | ~ ~ | | PPROVAL | | |
| | ITIES AND EXCHANGE (hington, D.C. 20549 | | | | COMMISSION | OMB Number: | 3235-0287 | | | | | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b). | er STATH 5. Filed p snue. Section 1 | EMENT OF oursuant to S 7(a) of the 30(h) | Section 16 | SECUR (a) of the ility Hold | burden hou response | Estimated average burden hours per response 0. | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| Edelson I Steven Sy LA | | | Symbol LAWSO | 2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ [LAWS] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last)(First)(Middle)3. Date of (Month/E)C/O LAWSON PRODUCTS, INC., 8770 WEST BRYAN MAWR AVENUE, SUITE 90005/13/2 | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | | ndment, Date Original th/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-De | erivative S | ecuri | ties Aco | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, if | | 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) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| Common Stock, \$1.00 par value | 05/13/2013 | | | Code V | Amount 4,286 (1) | (D) A | Price \$ 0 | 16,940 | 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.

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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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur 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 / Addr | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Edelson I Steven C/O LAWSON PRODUCTS, INC. 8770 WEST BRYAN MAWR AVENUI CHICAGO, IL 60631 | E, SUITE 900 | Х | | | | |
| Signatures | | | | | | |
| /s/ Neil E. Jenkins, Attorney-in-Fact | 05/15/2013 | | | | | |
| **Signature of Reporting Person | Date | | | | | |
| Evenlaw attack of Deeman | | | | | | |

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 a restricted stock award that will vest one year from the date of grant.

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.