Edgar Filing: THOMPSON KEVIN T - Form 4

THOMPSON	I KEVIN T																		
Form 4																			
January 03, 2	2019																		
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL											
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287 January 31,										
Check thi if no long	or																		
subject to	SIAIEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average											
				SECURITIES					burden hours per										
Form 4 or Form 5		uant to Sect	ion $16(a)$ of the	- Securiti	ies F	vchan	ge Act of 1934,	response 0.5											
obligation	¹⁸ Section $17(a$						of 1935 or Sectio	n											
may conti <i>See</i> Instru	inue.		he Investment	•	· ·														
1(b).	letton			1															
(Print or Type R	Responses)																		
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Issuer THOMPSON KEVIN T Symbol						f Reporting Person(s) to													
11101111 0 01		•	RST DEFIANCE FINANCIAL																
			ORP [FDEF]				(Check all applicable)												
(Last) (First) (Middle) 3. Date of (Month/			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2019				Director 10% Owner XOfficer (give title Other (specify below) below) EVP & CFO												
												f Amendment. Da	endment, Date Original			6. Individual or Joint/Group Filing(Check			
												d(Month/Day/Year)	-				Applicable Line)		
DEFIANCE	, OH 43512						_X_ Form filed by 0 Form filed by M Person	One Reporting Pe Iore than One Re											
(City)	(Stata)	Zin)																	
(City)	(State) (2	Zip)	Table I - Non-D	erivative S	Securi	ities Ac	quired, Disposed of	f, or Beneficial	ly Owned										
1.Title of	2. Transaction Date					5. Amount of	6. Ownership												
Security (Instr. 3)	(Month/Day/Year)	Execution Da		TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially (Owned I	Indirect (I)	Beneficial Ownership										
		(Month/Day/																	
							Following Reported	g (Instr. 4) (In											
					(A)		Transaction(s)												
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)												
Common	01/01/2010						20,695.0605	D											
Shares	01/01/2019		А	1,000	А	\$0	(1)	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)

1. Title of Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e s	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 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		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
THOMPSON KEVIN T 601 CLINTON STREET DEFIANCE, OH 43512	Г			EVP & CFO					
Signatures									
/s/ Kevin T. Thompson	01.	/03/2019							
<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).

(1) The ending balance differs from amounts previously reported because of shares acquired under an employee stock purchase plan.

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.