FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| | Check this box if no longer subject to |
|--------|--|
| \neg | Section 16. Form 4 or Form 5 |
| _ | obligations may continue. See |
| | Instruction 1(b). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Knutson Ronald J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---|---------|-----------------|--|---|---|------------------------------------|-------------------------------------|--------------------|--|--|---|--|---|--|---|---|--|--|
| | | | | | | | LAWS] | | | | | | | | | Office | | | r (specify v) | | |
| (Last) (First) (Middle) C/O LAWSON PRODUCTS, INC. 8770 WEST BRYN MAWR AVENUE, SUITE 900 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2013 | | | | | | | | | | EVP and CFO | | | | |
| —————————————————————————————————————— | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CHICAGO IL 60631 | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | | Person | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | r Ben | eficia | ally C | Dwne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | execution f any | A. Deemed secution Date, any lonth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | - 1 | (A) or (D) | Price | - 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | | |
| Common Stock 05/10/ | | | | | | /2013 | | | | | 157(1) | | D \$14 | | .22 | 2,596 | | D | | | |
| 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. Deeme Execution if any (Month/Da | Date, | ate, Transactio | | | | 6. Date E Expiratio (Month/E | n Dat | Amount of | | str. 3 | 8. Price Derivat Securit (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | , | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount nber ares | | | | | | | |

Explanation of Responses:

1. Reflects shares delivered to cover taxes on the vested portion of the shares of restricted stock as provided in the Lawson Products, Inc. 2009 Equity Compensation Plan.

Remarks:

/s/ Neil E. Jenkins, Attorney-

03/27/2014

in-Fact

** Signature of Reporting Person

Date

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

- * 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.

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 Number.