FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF (| CHANGES | IN BENEFICIA | AL. | OWNERSHIP |
|-----------|------------|---------|-----------------|-----|--------------|
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to 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

| Name and Address of Reporting Person* Edelson I Steven | | | | LA | 2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ [LAWS] | | | | | | | | | | all app | olicable) ctor | | Owner | |
|--|--|------------|---------------|---|--|---|-------|-------------------------------------|--|--------|---|---------------|-----------|--|----------------------|---|---|--|--|
| (Last) (First) (Middle) C/O LAWSON PRODUCTS, INC. 8770 WEST BRYN MAWR AVENUE, SUITE 900 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2019 | | | | | | | | | | Office below | er (give title w) | Othe belov | (specify /) | | |
| (Street) CHICAG | GO IL | ϵ | 50631 Zip) | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Date, | Transaction Dispose Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | l and Secui Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | (111501.4) | |
| Common Stock, \$1.00 par value | | | 05/14/2019 | | | | A | | 2,009(1 | 1) | A | \$37.34 | | 36,927 | | 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 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution if any (Month/Day/Year) | | | | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe | | ount | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | of Sha | ıres | | | | | |

Explanation of Responses:

1. These common shares will have no voting, dividend or transfer rights until the earliest of (i) the first anniversary of the transaction date, (ii) the day immediately preceding the date of the regularly scheduled annual meeting of stockholders which occurs in the calendar year following the transaction date or (iii) the date a change in control of the Company is consummated.

Remarks:

/s/ Neil E. Jenkins, Attorneyin-Fact

05/16/2019

** 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.