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
l	Estimated average burde	en
l	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* King John Bryan ———————————————————————————————————							2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ [LAWS]										all app Direct	er (give title		X 10% Othe	Owner r (specify
(Last) (First) (Middle) 301 COMMERCE STREET SUITE 1600							3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017										belov	v)		belov	v)
(Street) FORT WORTH TX 76102 (City) (State) (Zip)						_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Tabl	e I - No	n-Deriv	ative/	Se	curit	ties Ac	quirec	l, Dis	sposed o	f, oı	Ber	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day							Exec ay/Year) if an		A. Deemed xecution Date, any //onth/Day/Year)		3. Transaction Disposed Code (Instr. 8)		ies Acquired (A) o Of (D) (Instr. 3, 4			and Sec Ber Ow		Amount of curities eneficially when Following eported		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(,	A) or D)	Price	1	ransad	nsaction(s) tr. 3 and 4)			(Instr. 4)				
Common Stock 05/16/2							2017			A		3,788(1)	A	\$19	.8 3		3,788		D	
Common Stock																1,9		1,958,204		I	See footnote ⁽²⁾
			Та									osed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			n Date,	Code (8)	Transaction Code (Instr.		Number erivative curities quired) or sposed (D) str. 3, 4 d 5)	Expirat (Month	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			ce of rative rity (. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

 $1.\ These\ shares\ of\ common\ stock\ will\ have\ no\ voting,\ dividend\ or\ transfer\ rights\ until\ May\ 16,\ 2018.$

2. Includes (i) 1,689,358 shares held by LKCM Private Discipline Master Fund, SPC, on behalf of its wholly owned subsidiary PDLP Lawson, LLC (PDP), (ii) 26,102 shares held by LKCM Micro-Cap Partnership, L.P. (Micro), (iii) 10,128 shares held by LKCM Core Discipline, L.P. (Core), and (iv) 232,616 shares held by LKCM Headwater Investments II, L.P. (HW). LKCM Private Discipline Management, L.P. holds the management shares of PDP, and LKCM Alternative Management, LLC (PDP GP) is its general partner. LKCM Micro-Cap Management, L.P. (Micro GP) is the general partner of Micro. LKCM Core Discipline Management, L.P. (Core GP) is the general partner of Core. LKCM Headwater Investments II GP, L.P. (HW GP) is the general partner of HW. Mr. King is a controlling member of PDP GP, Micro GP, Core GP, and HW GP. Mr. King expressly disclaims beneficial ownership of the securities reported herein, except to the extent of his pecuniary interest therein.

J. Bryan King

05/18/2017

Date

** Signature of Reporting Person

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

- * 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.