FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vacinington, B.S. 20010

| OMB APPROVAL | | | | | | | |
|--------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |

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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* Smelcer Wilma | | | | LA | 2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ [LAWS] | | | | | | | | | | all app | olicable) | | Person(s) to Issuer 10% Owner Other (specify | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|--|--------------------------------------|----------------------------------------------------------|--------------------------------------------|--------|---------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) (First) (Middle) C/O LAWSON PRODUCTS, INC. 8770 WEST BRYN MAWR AVENUE, SUITE 900 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017 | | | | | | | | | | | belov | | | pelow) | |
| (Street) CHICAC | | | 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) | | | | ay/Year) if ar | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | () (I | A) or D) | Price | | Transaction(s) | | | | (Instr. 4) |
| Common Stock, \$1.00 par value 05/1 | | | | 05/16 | /2017 | | | | A | | 3,788(| (1) A S | | \$19 | 9.8 33,547 | | 3,547 | 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) | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | Date, Transaction Code (Inst | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Pri Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

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

Remarks:

/s/ Neil E. Jenkins, Attorneyin-Fact 05/18/2017

** 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.