FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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* Lanuza Cesar					2. Issuer Name and Ticker or Trading Symbol LAWSON PRODUCTS INC/NEW/DE/ [LAWS]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify				
(Last) (First) (Middle) 8770 W. BRYN MAWR AVE. SUITE 900 C/O LAWSON PRODUCTS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 04/12/2022							X Officer (give title Other (specify below) See Remarks				
(Street)			60631		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Date	Execution Date,		Code (Instr.			5. Amoun Securities Beneficia Owned For Reported	s For ally (D) ollowing (I) (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	/ A	Mount	(A) o	Price	Transacti (Instr. 3 a	on(s)		(mstr. 4)		
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. Deemed Execution Date if any (Month/Day/Ye	Cod	ansaction Derivative ode (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	derivative Securities Beneficially Owned Following Reported	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
				Code	e V	(A)	(D)	Date Exercisable		iration	Title	Amount or Number of Shares		Transaction (Instr. 4)	n(s)	
Stock Options ⁽¹⁾	\$55	04/12/2022		A		100,000		(2)	04/12	2/2032	Common Stock	100,000	\$0.00	100,000	D	
Stock Options ⁽¹⁾	\$80	04/12/2022		A		25,000		(2)	04/12	2/2032	Common Stock	25,000	\$0.00	25,000	D	
Stock Options ⁽¹⁾	\$110	04/12/2022		A		50,000		(2)	04/12	2/2032	Common Stock	50,000	\$0.00	50,000	D	
Stock Options ⁽¹⁾	\$140	04/12/2022		A		50,000		(2)	04/12	2/2032	Common Stock	50,000	\$0.00	50,000	D	

Explanation of Responses:

- 1. Represents the right to purchase one share of common stock in exchange for the exercise price at the date the reporting person exercises the right.
- 2. Stock options granted pursuant to Lawson Products, Inc. 2009 Equity Compensation Plan (as amended and restated effective May 14, 2019). The stock options vest and become exercisable in 20% annual installments beginning on April 4, 2023.

Remarks:

President and Chief Executive Officer, Lawson Products, Inc. (Illinois), a wholly owned subsidiary of the Issuer Lawson Products, Inc. (Delaware).

/s/ Rick Pufpaf, Attorney-In-04/12/2022 Fact for Cesar Lanuza

** 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.