HOGANS M Form 5 January 22,									
FORM	15					OMB AP	PROVAL		
Check thi no longer	UNITED is box if	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES				OMB Number: Expires:	3235-0362 January 31, 2005		
to Section Form 4 o 5 obligati may cont	r Form ANN ions inue.					Estimated average burden hours per response 1			
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported									
1. Name and Address of Reporting Person <u>*</u> HOGANS MACK L			2. Issuer Name and Ticker or Trading Symbol5. Relati IssuerBOISE CASCADE Co [BCC]5. Relation			ionship of Reporting Person(s) to			
(Last)	(Last) (First) (Middle)			's Fiscal Year Ended	(Check all applicable) X_ Director 10% Owner Officer (give title Other (specify				
COMPANY	E CASCADE Y, 1111 WEST N STREET, SUI		6/15/2018		below)	below)			
(Street)			Filed(Month/Day/Year)			· Joint/Group Reporting			
					(cheek)	applicable line)			
BOISE, I	DÂ 83702				_X_ Form Filed by Or Form Filed by Mo Person				
(City)	(State)	(Zip)	Table I - Non-De	rivative Securities Ac	cquired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5) (A)	ed (A) 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$0.01	06/15/2018	Â	L	Amount (D) P	(Instr. 3 and 4) 2586 5,493.116	(Instr. 4) D	Â		

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

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 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)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships				
	Director	10% Owner	Officer	Other		
HOGANS MACK L C/O BOISE CASCADE COMPANY 1111 WEST JEFFERSON STREET, SUITE 3 BOISE, ID 83702	00 Â X	Â	Â	Â		
Signatures						
/s/ John Sahlberg, as Attorney in Fact 01/2	2/2019					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

* 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 provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.