## Edgar Filing: Ray Barry S - Form 4

Ray Barry S

Form 4	~										
June 15, 2018										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated burden hou response	irs per			
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> Ray Barry S			2. Issuer Name <b>and</b> Ticker or Trading Symbol MidWestOne Financial Group, Inc. [MOFG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 102 S. CLINTON STREET, P.O. BOX 1700			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2018					Director 10% Owner X Officer (give title Other (specify below) below) SVP & Chief Financial Officer			
IOWA CITY	Filed(Month/Day/Year) A - OWA CITY IA 52244-1700 -				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, i any (Month/Day/Year)			on Date, if	Code Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/15/2018			Code V A	Amount 2,000 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4) 2,000	D		
Common Stock	06/15/2018			А	3,000 (2)	А	\$0	5,000	D		

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

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 control number.

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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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Under Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Ray Barry S 102 S. CLINTON STREET P.O. BOX 1700 IOWA CITY, IA 52244-1700			SVP & Chief Financial Officer					
Signatures								
Kenneth R. Urmie, Corporate Secretary, under Power of Attorney dated June 4, 06/15/201								

\*\*Signature of Reporting Person

## **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).

Shares were acquired pursuant to a grant of restricted stock units which vest in four equal annual installments beginning June 15, 2019.(1) The award is part of the April 30, 2018 accepted employment offer of the reporting person, approved by the Compensation Committee on May 7, 2018 to be effective June 15, 2018.

Shares were acquired pursuant to a grant of restricted stock units which vest in two equal annual installments beginning June 15, 2019.

(2) The award is part of the April 30, 2018 accepted employment offer of the reporting person, approved by the Compensation Committee on May 7, 2018 to be effective June 15, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space 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.

Date