Edgar Filing: Benck Jeff - Form 4

Benck Jeff												
Form 4												
May 16, 201	.8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
Check th										Expires:	January 31,	
if no longer subject to STATEMENT OF Cl				IGES	IN	BENEFI	CIA	L OWN	ERSHIP OF	·	2005 Iverage	
0	Section 16.					ITIES				Estimated average burden hours per		
Form 4 c									response	0.5		
Form 5	no *							•	Act of 1934,			
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type	Responses)											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Re								Reporting Pers	on(s) to			
Benck Jeff			Symbol	Symbol					ssuer			
	LANTRONIX INC [LTRX]						(Check all applicable)					
(Last)	(First) (Middle)	3. Date o	f Earlie	st Tr	ransaction				······································	, 	
									_X_Director10% Owner			
C/O LANTRONIX, INC., 7535 05/15/2018					XOfficer (giv below)				_X_ Officer (give t below)	e title Other (specify below)		
IRVINE CE	ENTER DRIVE,	#100							Chief E	xecutive Office	er	
	(Street)		4. If Ame	endmen	t, Da	ate Original		6	6. Individual or Joi	nt/Group Filin	g(Check	
Filed				nth/Day/	/Year	.)			Applicable Line)			
								-	X_ Form filed by On Form filed by Mo			
IRVINE, C.	A 92618							Ī	erson	sie man One Rep	Johning	
(City)	(State)	(Zip)	Tab	le I - No	on-D	Derivative S	Securi	ties Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.		4. Securiti				6.	7. Nature of	
Security	(Month/Day/Year)		Date, if		actio	nor Dispose			Securities	1	Indirect Beneficial	
(Instr. 3)		any (Month/Da	v/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)					Beneficially Owned		Ownership	
		X		X	- /				Following	or Indirect	(Instr. 4)	
							(A)		Reported	(I) (I, (1))		
							or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
G				Code	V	Amount	(D)	Price	(1154. 5 and 4)			
Common Stock	05/15/2018			J <u>(1)</u>	V	20,000	А	\$ 1.0625	246,574	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Benck Jeff C/O LANTRONIX, INC. 7535 IRVINE CENTER DRIVE, #100 IRVINE, CA 92618	Х		Chief Executive Officer					
Signatures								
/s/ Jeremy Whitaker, Attorney-in-fact fo Benck	or Jeff	05/	16/2018					
**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).

(1) Represent shares of common stock acquired through the Lantronix, Inc. 2013 Employee Stock Purchase Plan.

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.