## Edgar Filing: Hickey William August Jr - Form 4

•	iam August Jr											
Form 4	2010											
October 01, 2	_											
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
	UNITED	STATES		shington.					OMB Number:	3235-0287		
Check th				<b>g.</b> ,	, 2101 20	<b>U</b> 19			Expires:	January 31,		
if no long		MENT OI	F CHAN	GES IN	BENEF	ENEFICIAL OWNERSHIP OF				2005		
subject to Section 16. SECURITIES							Estimated average burden hours per					
Form 4 o	r									0.5		
Form 5	-						-	e Act of 1934,				
obligation may cont				•	•	· ·	•	1935 or Section	ı			
See Instru		30(h)	of the Ir	vestment	Compar	ny Ac	ct of 1940	0				
1(b).												
(Print or Type I	Responses)											
(I fint of Type I	(asponses)											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of I							Reporting Person(s) to					
Hickey Will	liam August Jr		Symbol					Issuer				
KINGSWAY FINANCIAL									<b>`</b>			
	CES INC	[KFS]			(Check all applicable)							
(Last)	(First) (	Middle)	3. Date o	f Earliest Ti	ransaction			Director		Owner		
			(Month/I	/Day/Year)				XOfficer (give titleOther (specify below) below)				
KINGSWAY FINANCIAL 10/01/2				2018				CFO, EVP and Secretary				
	, INC., 150 PIER	RCE										
ROAD, SU	TE 600											
	(Street)			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mo				nth/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person				
ITASCA, II	601/3							Form filed by M				
ITASCA, II	2 00143							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	iired, Disposed of,	, or Beneficial	y Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if	Transactic Code				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(Instr. 5) any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Owned	(D) or	Ownership			
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	A	or	Deiter	(Instr. 3 and 4)				
Common				Code V		(D)	Price \$					
Stock	10/01/2018			Р	534	А	ф 2.8079	311,176 <u>(1)</u>	D			
20001												

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)

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. 6. Date Exercisable an onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repor	rting O	wners		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### Edgar Filing: Hickey William August Jr - Form 4

<b>Reporting Owner Name / Address</b>			Relationships		
		10% Owner	Officer	Other	
Hickey William August Jr KINGSWAY FINANCIAL SERVICES, INC. 150 PIERCE ROAD, SUITE 600 ITASCA, IL 60143			CFO, EVP and Secretary		
Signatures					
/s/William A. 10/01/2018					

Hickey, Jr.

10/01/2018

\*\*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) Includes 229,500 restricted common shares under the 2013 Equity Incentive Plan, approved by shareholders in May 2013.

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.