### Edgar Filing: COLLINS GARY S - Form 4

COLLINS G. Form 4	ARY S											
April 18, 201	.8											
FORM	4		~~~~~						OMB A	PPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
	Check this box if no longer							Expires:	January 31, 2005			
subject to Section 10 Form 4 or	to STATEMENT OF CHANGES 16. SEC				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					average irs per 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type R	Responses)											
			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			OLD SECOND BANCORP INC [OSBC]					(Chec	eck all applicable)			
(Last)	ast) (First) (Middle) 3. Date of (Month/Date)			-				X Director 10% Owner X Officer (give title Other (specify below) below)				
37 S. RIVEF	R ST.		04/17/20	)18				· · · · · · · · · · · · · · · · · · ·	ce Chairman			
			Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
(City)		(Zip)						Person				
	. ,	-					-	uired, Disposed of		-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	n Date, if	Code (Instr. 8)	4. Securiti on(A) or Dis (D) (Instr. 3, 4 Amount	sposed and 5 (A) or	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Old Second Bancorp, Inc. Common Stock	04/17/2018			A	25,000 (4)	A	<u>(3)</u>	89,602.306 (1)	D			
Old Second Bancorp, Inc. Common Stock								72,148.95 <u>(2)</u>	I	IRA		

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title an	nd 8. F	Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount o	of Der	rivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlyin	ng Sec	curity	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Ins	str. 5)	Bene
	Derivative				Securities			(Instr. 3 an	nd 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨٣	nount		
									Iount		
						Date	Expiration	Oľ Title Nu	mahan		
						Exercisable	Date		mber		
				Cada V	$(\Lambda)$ (D)			of			
				Coue v	(A) (D)			Sna	ares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
COLLINS GARY S 37 S. RIVER ST. AURORA, IL 60506	Х		Vice Chairman				
Signatures							

/s/ Gary Collins	04/17/2018
<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).
- (1) Included in this total are 29,000 shares of restricted stock units, 25,000 shares of Performance Based restricted stock units and 35,602.306 shares in Mr.Collins name.
- (2) Included in this total are 40,000 shares in a ROTH IRA and 32,148.95 in a traditional IRA.
- (3) Does not apply.
- (4) These shares represent Performance Based Restricted Stock Units granted in 2018 under the Long Term Incentive Program. These shares have a 3-year cliff vesting.

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.