Anderson John Form 4 June 29, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction **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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

Anderson John

(Last) (First) (Middle)

38 CORPORATE CIRCLE

(Street)

ALBANY, NY 12033 (City) (State) (Zip) 2. Issuer Name and Ticker or Trading

Symbol

TRANS WORLD **ENTERTAINMENT CORP**

[TWMC]

3. Date of Earliest Transaction

(Month/Day/Year) 06/27/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

or

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

Director

Applicable Line)

5. Amount of

Securities

Owned

Beneficially

Following

X_ Officer (give title

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

(A)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

Common Stock, par value \$0.01 per share

3,750

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

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January 31,

2005

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Number:

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response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Financial Officer

6. Individual or Joint/Group Filing(Check

10% Owner Other (specify

6. Ownership 7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

Form: Direct

(D) or

Indirect (I)

(Instr. 4)

D

Estimated average

burden hours per

1

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day,	ate	7. Title and Lunderlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Options (Right to Buy) (1)	\$ 0.98	06/27/2018		A	120,000	<u>(2)</u>	06/27/2028	Common Stock, par value \$.01 per share	120,00
Restricted Stock Units (1)	(3)	06/27/2018		A	15,000	(2)	<u>(4)</u>	Common Stock, par value \$.01 per share	15,000

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Anderson John

38 CORPORATE CIRCLE Chief Financial Officer

ALBANY, NY 12033

Signatures

John Anderson 06/29/2018

**Signature of Date
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).
- (1) All of the equity transactions listed above are pursuant to equity plans qualified under Rule 16b-3 and exempt from Section 16(b) of the Securities Exchange Act.
- (2) All equity grants vest ratably over four years on each anniversary of the date of grant.
- (3) Each Restricted Stock Unit is the economic equivalent of one share of Trans World Entertainment Corporation stock.
- (4) Restricted Stock Units terminate upon 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.

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