COHEN IRWIN Form 4 July 02, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: January 31,

2005 Estimated average

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Expires:

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Check this box

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 * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **COHEN IRWIN** Issuer Symbol STEIN MART INC [SMRT] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction X__ Director (Month/Day/Year) 10% Owner Other (specify Officer (give title BARBARA BUISMAN, 11840 06/29/2018 below) VALLEY VIEW ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting EDEN PRAIREI, MN 55344

(State)

(Zip)

(City)

| (City) | (State) (Z | Zip) Table | I - Non-Do | erivative S | Securiti | ies Acq | uired, Disposed o | of, or Beneficial | ly Owned |
|--------------------------------------|--------------------------------------|---|--------------------------------|--|----------|------------|---|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
| | | (Monan Day, 1 can) | Code V | Amount | (A) or | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 06/29/2018 | | F | 102 | D S | \$ 2.45 | 51,649 | D | |

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

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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 | 2. | 3. Transaction Date | 3A Deemed | 4. | 5. | 6. Date Exerc | cicable and | 7 Tit | le and | 8. Price of | 9. Nu |
|--|-------------|----------------|---------------------|--------------------|-------------|------------|---------------|-------------|-----------|------------|-------------|---------|
| | | - - | | | | | | | | | | |
| | Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | | | | Amount of | | Derivative | Deriv |
| | Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Unde | rlying | Security | Secui |
| | (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | rities | (Instr. 5) | Bene |
| | | Derivative | | | | Securities | | | (Instr | . 3 and 4) | | Owne |
| | | Security | | | | Acquired | | | Ì | , | | Follo |
| | | | | | | (A) or | | | | | | Repo |
| | | | | | | Disposed | | | | | | Trans |
| | | | | | | of (D) | | | | | | (Instr |
| | | | | | | (Instr. 3, | | | | | | (IIIsti |
| | | | | | | | | | | | | |
| | | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | Amount | | |
| | | | | | | | | | | or | | |
| | | | | | | | Date | Expiration | TT:41 | | | |
| | | | | | | | Exercisable | Date | Title | Number | | |
| | | | | | | | | | of | | | |
| | | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

COHEN IRWIN
BARBARA BUISMAN
X

BARBARA BUISMAN 11840 VALLEY VIEW ROAD EDEN PRAIREI, MN 55344

Signatures

Chris Himebauch, attorney-in-fact 07/02/2018

**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).

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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