SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

| l | nouro per response. | 0.0 |
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| | Estimated average burde | en |
| l | OND NUMBER. | 3235-0207 |

| 1. Name and Addres <u>Floyd David</u> | ss of Reporting Persor | n* | 2. Issuer Name and Ticker or Trading Symbol $\underline{NN \ INC} \ [\ NNBR \]$ | | ionship of Reporting Perso all applicable) Director | n(s) to Issuer 10% Owner | |
|--|------------------------|----------|---|---|---|-----------------------------|--|
| (Last) 207 MOCKING | (First) BIRD LANE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2017 | Λ | Officer (give title below) | Other (specify below) | |
| (Street) JOHNSON CITY TN 37604 | | 37604 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, Transact | | iction | 4. Securities Disposed Of | Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------------------------|------|--------|------------------------------|---------------|------------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 03/17/2017 | | A | | 4,132 | D | \$0.00 ⁽¹⁾ | 6,977 | D | |
| Common Stock | | | | | | | | 1,458 | Ι | By Family LP ⁽²⁾ |

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) | | Derivative Security | 2. Conversion or Exercise Price of Derivative Security | Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | Expiration Date (Month/Day/Year) | | | Expiration Date (Month/Day/Year) s | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | |

Explanation of Responses:

1. Shares are restricted stock and vest on March 17, 2018.

2. Shares are held by the David and Lisa Floyd Family Limited Partnership of which the reporting person and his wife are the sole general partners and sole limited partners.

Remarks:

/s/ Matthew S. Heiter by Power 03/20/2017

of Attorney

** Signature of Reporting Person Date

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

 * 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.

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 Number.