FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| was | hingi | on, | D.C. | 20549 | |
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| washington, D.C. 20049 | OMB APF | PROVAL |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 |

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| hours per response: | 0.1 |

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

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

| 1. Name and Address of Reporting Person* Veltman Warren A | | | | | 2. Issuer Name and Ticker or Trading Symbol NN INC [NNBR] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|---|--|---|---------|--|--|---------|--|---|------------------------|---|-------------------|--|---|---|--------------------------------------|--|--|-------------|--|
| (Last) (First) (Middle) 2000 WATERS EDGE DRIVE BUILDING C, SUITE12 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/20/2014 | | | | | | | | | X below) below) SVP/GM Autocam Precision Comp. | | | | | | |
| (Street) JOHNSO | ON TI | N : | 37604 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | osed c | of, or B | ene | ficial | y Owned | k | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (| Transaction Disposed Of (Code (Instr. 5) | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | | s Forn ally (D) o ollowing (I) (Ir | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (iiisti. 4) | |
| Common | Stock | | | 10/20 |)/2014 | /2014 | | A | | 5,300 ⁽¹⁾ A | | \$ <mark>0</mark> | 5,300 | | | D | | | | |
| | | Т | able II - | | | | | | uired, D , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or Nu of | nount imber ares | | | | | | |
| Stock Option (Right to buy) | \$22.15 | 10/20/2014 | | | A | | 3,000 | | (2) | 1 | 0/20/2024 | Common Stock | 3, | ,000 | \$0 | 3,000 | | D | | |

Explanation of Responses:

- 1. Shares are restricted stock and vest in three equal annual installments beginning on the first anniversary of the date of grant.
- 2. The option becomes exercisable in three equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ William C. Kelly, Jr., by 10/21/2014 Power 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.