FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average bu	rden
hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

Name and Address of Reporting Person* KELLY WILLIAM C JR			2. Issuer Name and Ticker or Trading Symbol NN INC [NNBR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KELLY	WILLIA	IM C JR		- INVENTED ENTER I						0	irector fficer (gi	ve title		6 Owner er (specify		
	(Fii TERS EDG NG C, SUIT	E DR.	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014					Year)		X below) below) VP, Chief Adm. Officer					
(Street) JOHNSC	ON TN	N 3	7604	4. If Amendment, Date of Original Filed (Month/Day/Year)						′ I	ine) X F	Applicable erson eporting				
(City)	(St		Zip)	vativa Saa				-d Di-			Danafiair	allar Ou	d			
1. Title of Security (Instr. 3) 2. Transaction				2A. Deemed									6. 7. Nature of Indirect			
		Date (Month/Day/Year)	if any (Month/Day/Year)		Code (Instr.					Bene	Beneficially F Dwned at end of ([orm: Direct)) or	Beneficial Ownership		
							Amou		(A) or (D)			Issuer's Fiscal Year (Instr. 3 and 4)		direct (I) nstr. 4)	(Instr. 4)	
Common	Common Stock		07/09/2014			W		160 A \$0		\$0	0 29,559			D		
		Та	ble II - Derivat (e.g., pı	ive Securi uts, calls,								y Owne	ed			
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. Nur of Deriv Secur Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed	expirative ities red sed 3, 4		oate Exercisable and biration Date nth/Day/Year)		e and nt of ities lying ative ity (Instr. 3	8. Price Derivati Security (Instr. 5)	ve deri Sec Ben Owi Foll Rep Trai	lumber of ivative urities leficially ned owing lorted isaction(s	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficia Ownershi ct (Instr. 4)
					and 5	5)				1		l	Ι.		1	

Explanation of Responses:

Remarks:

/s/ William C. Kelly, Jr.

01/06/2015

** Signature of Reporting Person Date

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

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.

^{*} 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).