

BSQUARE CORP /WA

Reported by WALSH KEVIN T

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 07/16/18 for the Period Ending 07/13/18

Address PO BOX 59478

RENTON, WA, 98058

Telephone 425-519-5900

CIK 0001054721

SIC Code 7389 - Services-Business Services, Not Elsewhere Classified

Industry Software

Sector Technology

Fiscal Year 12/31



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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. I	Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Walsh Kevin	T				BS	QU	JARE	CORP	W A	A [B	SQR]							
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner X Officer (give title below) Other (specify below)					
C/O BSQUARE CORPORATION, 110 110TH AVENUE NE, STE 300						7/13/2018								Acting CEO				
TIOTH AVE	(Stre				4. I	f An	nendmei	nt, Date O	rigin	al Fil	ed (MM/E	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)
BELLEVUE (C	, WA 98 0 ity) (Sta		ip)											X Form filed b		rting Person One Reporting P	erson	
			Table	I - Noi	n-Der	ivati	ive Secu	rities Acc	quire	ed, Di	sposed o	of, or	Ben	eficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. E			. Date	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de 4. Securities A or Disposed of (Instr. 3, 4 and		posed of (I	(F)		. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership		
								Code	V	Amou	(A) or (D)	Pric	ce					(Instr. 4)
Common Stock				7/13/2	018			F		390	<u>1)</u> D	\$2.6	50	,	7110		D	
	Tabl	le II - Der	ivative	Secur	ities I	Bene	ficially	Owned (e.g. ,	, puts,	calls, w	arra	nts, (options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a	n (Ir	Trans. (nstr. 8)	Code 5. Number Derivativ Acquired Disposed (Instr. 3,		e Securities (A) or of (D)	6. Date Exercisable and Expiration Date			7. Title and Securities U Derivative S (Instr. 3 and		Underlying Security	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amo	ount or Number of res		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) Represents shares that were withheld to pay the minimum tax liability for the restricted stock units that vest on July 13, 2018.

Remarks:

Represents shares that were withheld to pay the minimum tax liability for the restricted stock units that vested 7-13-2018.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Walsh Kevin T							
C/O BSQUARE CORPORATION			Acting CEO				
110 110TH AVENUE NE, STE 300			Acting CEO				
BELLEVUE, WA 98004							

Signatures

/s/Kevin Walsh 7/16/2018

**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 control number.