

**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

# FORM 4

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

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

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 <sup>*</sup> <b>Walsh Kevin T</b> (Last) (First) (Middle) <b>C/O BSQUARE CORPORATION, 110 110TH AVENUE NE, STE 300</b> (Street) <b>BELLEVUE, WA 98004</b> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <b>BSQUARE CORP /WA [ BSQR ]</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Acting CEO</b>		
			3. Date of Earliest Transaction (MM/DD/YYYY) <b>7/13/2018</b>						
			4. If Amendment, Date Original Filed (MM/DD/YYYY)				6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person		

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

1. Title of Security (Instr. 3)	2. Trans. Date 7/13/2018	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)			
Common Stock			F		390 <span style="color: blue;">(1)</span>	<span style="color: red;">D</span>	\$2.60	7110	<span style="color: red;">D</span>

**Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities )**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		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)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Walsh Kevin T C/O BSQUARE CORPORATION 110 110TH AVENUE NE, STE 300 BELLLEVUE, WA 98004															

#### 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			
	Director	10% Owner	Officer	Other
Walsh Kevin T C/O BSQUARE CORPORATION 110 110TH AVENUE NE, STE 300 BELLLEVUE, WA 98004			<b>Acting CEO</b>	

#### 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.