

# PAM TRANSPORTATION SERVICES INC

Reported by  
**WEST ALLEN**

## FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 11/21/18 for the Period Ending 11/20/18

Address	297 WEST HENRI DE TONTI BLVD TONTITOWN, AR, 72770
Telephone	4793619111
CIK	0000798287
Symbol	PTSI
SIC Code	4213 - Trucking (No Local)
Industry	Ground Freight & Logistics
Sector	Industrials
Fiscal Year	12/31

FORM 4

[ ] 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF  
SECURITIES

OMB APPROVAL  
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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 *  <b>West Allen</b>  (Last) (First) (Middle)  <b>C/O P.A.M. TRANSPORTATION SERVICES, INC., PO BOX 188</b>  (Street)  <b>TONTITOWN, AR 72770</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol  <b>PAM TRANSPORTATION SERVICES INC [ PTSI ]</b>  3. Date of Earliest Transaction (MM/DD/YYYY)  <b>11/20/2018</b>  4. If Amendment, Date Original Filed (MM/DD/YYYY)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ____ Director _____ 10% Owner  <input checked="" type="checkbox"/> X ____ Officer (give title below) _____ Other (specify below) <b>VP Finance, CFO, Secy, Treas</b>  6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> X ____ Form filed by One Reporting Person <input type="checkbox"/> ____ Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)		2. Trans. Date	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)	Price				
Common Stock		11/20/2018		D	U		650	D	\$58.99	0	D	

Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)														
1. Title of Derivate 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				

Explanation of Responses:

(1) The shares sold in this sale were purchased by the issuer pursuant to the issuer's previously disclosed stock repurchase program.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
West Allen C/O P.A.M. TRANSPORTATION SERVICES, INC. PO BOX 188 TONTITOWN, AR 72770			VP Finance, CFO, Secy, Treas	

Signatures

/s/ Courtney C. Crouch, III, as Attorney-in-fact for Allen West

11/21/2018

\*\*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.