Edgar Filing: Krishnan Ram - Form 4

Krishnan Ra	m										
Form 4											
January 29, 2	2019										
FORM	14								-	PPROVAL	
	• • UNITEI	DSTATES		ITTES A. hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi				0 /					Expires:	January 31,	
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNE					NERSHIP OF	Estimated average				
-	Section 16. SECURITIES							burden hours per			
Form 4 or Form 5			~ • •		~ .				response	0.5	
obligation							•	ge Act of 1934,			
may cont	inue. Section 1							f 1935 or Section	n		
See Instru	uction	50(II)) of the In	vestment	Compan	y Aci	1 01 194	+0			
1(b).											
(Print or Type F	Responses)										
				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Krishnan Ra	Symbol	•				ISSUEI					
			NTN BU	JZZTIME	E INC [N	TNJ		(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction						
2231 RUTHERFORD ROAD, STE.			(Month/Day/Year)					_X_ Director 10% Owner _X_ Officer (give title Other (specify			
2231 RUTH 200	IERFORD ROP	4D, 51E.	01/29/20)19				below)	below)	er (speeny	
200									CEO		
(Street)			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
CADISDAI	D, CA 92008							Form filed by M			
CARLSDAI	D, CA 92008							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	· · · ·		on Date, if Transaction(A) or Disposed of				d of	Securities	Form: Direct		
(Instr. 3)		any (Month/	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intoliuli)				5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(insure and 1)			
Common Stock	01/29/2019			F	284 <u>(1)</u>	D	\$ 3.18	74,172	D		

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner	Relationships						
	Director	10% Owner	Officer	Other			
Krishnan Ram 2231 RUTHERFORD CARLSBAD, CA 920	Х		CEO				
Signatures							
/s/ Ram Krishnan	01/29/2019						
<u>**</u> Signature of	Date						

Explanation of Responses:

- * 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).
- (1) These shares were withheld by the issuer to satisfy statutory tax withholding requirements on vesting of restricted stock units. The number of shares to be withheld was determinable on January 29, 2019. No shares were sold in connection with this transaction.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person