Ruth Kim Form 4 December 26, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person *_ Ruth Kim | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|---------|------------|--|---|--|--|--|
| | | | TriState Capital Holdings, Inc. [TSC] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | |
| | | | (Month/Day/Year) | X Director 10% Owner | | | |
| 301 GRANT STREET, SUITE 2700 | | SUITE 2700 | 12/21/2017 | Officer (give title below) Other (specify below) | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| PITTSBURGH, PA 15219 | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | | | | Person | | | |

| (City) | (State) (Z | Zip) Table | I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed | of, or Beneficia | lly Owned | |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------|--------------|-----------|------------|--|----------------------------------|----------------------------------|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | ution Date, if Transaction | | | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial | |
| (mail: 3) | | (Month/Day/Year) | (Instr. 8) | | | · | Owned Following Reported Transaction(s) | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common Stock | 12/21/2017 | | Code V A | Amount 3,000 | or (D) | Price \$ 0 | (Instr. 3 and 4) 6,000 | D | | |
| Common Stock | | | | | | | 5,000 | D (1) | | |

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

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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 | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration Da | | 7. Title | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|-----------------|---|--------------------------------|--------------------|-------------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (manazay, 16ar) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ e | | Underl Securit | ying | (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Relationships

Ruth Kim 301 GRANT STREET, SUITE 2700 X PITTSBURGH, PA 15219

Signatures

/s/ Keevican Weiss Bauerle & Hirsch LLC by David J Hirsch, Attorney-in-Fact

12/21/2017

**Signature of Reporting Person

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) Owned jointly with spouse

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.

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