Edgar Filing: NOVATION COMPANIES, INC. - Form 4

NOVATION COMPANIES, INC. Form 4 January 08, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Gillman Charles M Issuer Symbol NOVATION COMPANIES, INC. (Check all applicable) [NOVC] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Other (specify Officer (give title (Month/Day/Year) below) below) C/O NOVATION COMPANIES. 01/06/2016 INC., 2114 CENTRAL STREET, **SUITE 600** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting KANSAS CITY, MO 64108 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) Code Beneficially (D) or Beneficial any (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Price Amount (D) Common 96,154 01/06/2016 \$0 D А 96,154 A (1)Stock

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	2.	3. Transaction Date	3A. Deemed	4. 5.		6. Date Exer	6. Date Exercisable and		le and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber Code of		Expiration Date (Month/Day/Year)		Amount of		Derivative	
Security	or Exercise		any					Underlying		Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities		2		Securities		(Instr. 5)	1
	Derivative							(Instr. 3 and 4)			
	Security				Acquired (A) or						
										1	
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration Date		or		
						Exercisable			Number		
						Encretsuble Dute	Dute		of		
				Code	/ (A) (D)				Shares		

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Gillman Charles M C/O NOVATION COMPANIES, INC. Х 2114 CENTRAL STREET, SUITE 600 KANSAS CITY, MO 64108 Signatures /s/ Rodney E. Schwatken, Attorney in Fact for Charles M. Gillman 01/08/2016

**Signature of Reporting Person

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).
- Reflects shares of restricted stock awarded under the Novation Companies, Inc. 2015 Incentive Stock Plan as a pro-rated portion of the (1)annual retainer paid to each non-employee director, which shares will vest on August 10, 2016.

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.

Date

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti