SALAS PETER E Form 4 October 04, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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January 31,

2005

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5 Relationship of Reporting Person(s) to

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 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 *

SALAS PETER E		Symbo	Symbol TENGASCO INC [TGC]				Issuer (Check all applicable)				
(Last) (First) (Middle) P.O. BOX 16867		(Mont	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017				Director 10% Owner Officer (give title Other (specify below)				
EEDMAND	Filed(1	mendment, Da Month/Day/Year	Č	.1		6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting					
	INA BEACH, FL						Person	5) 11201 0 timi i 0110	, reporting		
(City)	(State)	(Zip) T	able I - Non-I	Derivative	Secur	ities A	cquired, Disposed	l of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D))	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)		
Common Stock	10/02/2017		J <u>(1)</u>	500	A	\$0	3,500	D			
Common Stock							5,288,241	I	By Affiliate Partnership		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title o	of 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivativ	ve Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
				C-1- W			Date	(Number		
					(A) (D)				of Shares		
				Code V	(A) (I))				Snares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

SALAS PETER E P.O. BOX 16867 FERNANDINA BEACH, FL 32035 DOLPHIN OFFSHORE PARTNERS LP P.O. BOX 16867

FERNANDINA BEACH, FL 32035

Signatures

/s/ Dolphin Offshore 10/03/2017 Partners, L.P.

**Signature of Reporting Person Date

10/03/2017 /s/ Peter E. Salas

**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) Grant of stock pursuant to Tengasco, Inc.'s Stock Incentive Plan to Peter E. Salas in his individual capacity.
- Held directly by Dolphin Offshore Partners L. P. Peter E. Salas, the chairman of Tengasco Inc.'s Board of Directors, is the sole shareholders and controlling person of Dolphin Mgmt. Services, Inc., the managing general partner of Dolphin Offshore Partners, L.P.

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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