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SERVOTRO Form 4 January 05, 2	DNICS INC /DE/ 2015	,										
FORM		STATES					NGE (COMMISSION	M OMB	APPROVAL 3235-0287		
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	MENT O rsuant to S (a) of the 30(h)	F CHAN Section 1 Public Ut	SECUR 6(a) of the	Expires: January 3 Expires: 200 Estimated average burden hours per response 0								
(Print or Type F		Danson *						5 Deletionshin e	f Danastina Da	record(s) to		
1. Name and Address of Reporting Person * Trbovich Kenneth D			2. Issuer Name and Ticker or Trading Symbol SERVOTRONICS INC /DE/ [SVT]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. (M			3. Date of (Month/D	3. Date of Earliest Transaction (Month/Day/Year) 01/01/2015				_X_ Director	(Check all applicable) Director Officer (give title 10% Owner Other (specify below) President			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	Person quired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Executio any	med n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi n(A) or Di (D) (Instr. 3,	ties A spose	cquired d of	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		
Common Stock	01/01/2015			F	6,340	D	\$ 6.49 (1)	50,438 <u>(2)</u>	D			
Common Stock								3,307.8	Ι	By ESOT		
Common Stock								81,073.55 <u>(3)</u>	I	As trustee of ESOT (shares allocated to accounts of the Reporting		

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Person's family members)

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Trbovich Kenneth D 1110 MAPLE STREET, P.O. BOX 300 ELMA, NY 14059-0300	Х		President				

Signatures

Kenneth D.01/05/2015TrbovichDate

____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).
- (1) On January 1, 2015, 15,000 restricted shares vested and the Reporting Person instructed the Company to withhold 6,340 shares to cover tax withholding obligations as permitted under the Company's 2012 Long-Term Incentive Plan.

(2)

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As of the date hereof, the Reporting Person's direct beneficial ownership includes 30,000 restricted shares granted under the Company's 2012 Long-Term Incentive Plan that have not yet vested.

As of the date hereof, includes shares allocated to the Employee Stock Ownership Trust (the "ESOT") accounts of the Reporting Person's father, Dr. Nicholas Trbovich, and the Reporting Person's brothers, Michael Trbovich and Nicholas Trbovich, Jr., that the Reporting

(3) The required to report pursuant to Rule 16a-8(b)(2). The Reporting Person disclaims beneficial interest in the shares allocated to his family members' ESOT accounts.

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.