SEC Form 5

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FORM 5

|) | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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Form 3 Holdings Reported

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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| Form 4 Transaction | ons Reported. | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | |
|--|-----------------|-------|---|--|-------------------------------------|------------------|--|--|
| 1. Name and Address of Reporting Person* SLOANE BARRY | | | 2. Issuer Name and Ticker or Trading Symbol <u>Newtek Business Services Corp.</u> [NEWT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| | | | | | Officer (give title | Other (specify | | |
| | 00 T-REX AVENUE | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019 | | below) Chairman & C | below) EO | | |
| SUITE 120 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6 Indiv | idual or Joint/Group Filing (| Check Applicable | | |
| (Street) | | | 4. In Americanient, Date of original Filed (Monthibbay) real) | Line) | | | | |
| BOCA RATON | FL | 33431 | | X | Form filed by One Report | ů. | | |
| ļ , | | | | | Form filed by More than (Person | Une Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acq (D) (Instr. 3, 4 and | | or Disposed Of | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|---------------|----------------|---|---|---|
| | | | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Common Stock | 12/18/2019 | | G | 1,000 | D | \$22.92 | 1,037,594 | D | |
| Common Stock | 12/19/2019 | | G | 500 | D | \$22.55 | 1,037,594 | D | |
| Common Stock | 03/29/2019 | | P ⁽¹⁾ | 1,309.09 | A | \$19.64 | 1,037,594 | D | |
| Common Stock | 06/28/2019 | | P ⁽¹⁾ | 1,311.7 | A | \$23 | 1,037,594 | D | |
| Common Stock | 09/30/2019 | | P ⁽¹⁾ | 1,718.34 | A | \$22.58 | 1,037,594 | D | |
| Common Stock | 12/30/2019 | | P ⁽¹⁾ | 2,177.78 | A | \$22.37 | 1,037,594 | D | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | n of | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|------|-----|-------------------------------------|--------------------|---|--|---|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares received by Reporting Person pursuant to regular quarterly dividend declared by Issuer.

Remarks:

Barry Sloane

01/06/2020 Date

** Signature of Reporting Person

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.