FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington.	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPR	JAVC						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported

Derivative Security (Instr. 3)	Z. Conversion or Exercise Price of Derivative Security	ersion Date Execution Date if any of attive Execution Date if any (Month/Day/Year)		4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D (Inst	of Expi		ate Exercisable and ration Date tht/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.		of Indirect Beneficial Ownership (Instr. 4)
1 Title of	2.	Ta 3. Transaction	ble II - Derivat (e.g., p	uts, calls,	warı	rants,	opti	ions, o	converti	ble se	ecurities)	Owned	9. Number	r of	10.	11. Nature
Common stock		12/31/2017			P ⁽¹⁾			27	A	\$18.49		30,336			D		
Common st	mmon stock 09/3		09/30/2017			P ⁽¹⁾			28	A	\$17.82		30,336		D		
Common st	Common stock		08/15/2017			F4 ⁽⁴⁾		2,	790	D	\$16.96		30,336		I S		Spouse
Common st	on stock 06/30		06/30/2017			P ⁽³⁾		1	.31	A	\$16.29		30,336		I		Spouse
Common st	non stock 03/31/20		03/31/2017	P (3)		3)	1	11	A	\$16.98		30,336			I S	Spouse	
Common st	stock 08/15/2017			F4 ⁽²⁾		(2)	3,	608	D	\$16.96		30,336			D		
Common st			p (1)		1)	2	202	A	\$16.29		30,336			D			
Common st	tock	ock 03/31/2017		-	P ⁽¹⁾		1	.71	A	\$16.98		30,336			D		
		(Month/Day/Year)	if any (Month/Day/Year)		Transaction Code (Instr. 8)		Amour	<u> </u>	(A) or (D)	<u> </u>		Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
1. Title of Sec	curity (Instr. 3)		e I - Non-Deriv	2A. Deemed Execution Da		3.		4. Secu		uired (A)	Benefic or Dispose	_	5. Amou	ınt of	6. Owne		7. Nature of
(City)	(Sta		Zip)														
(Street) LAKE SUCCESS NY 11042				4. If Amen								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Last) (First) (Middle) 1981 MARCUS AVENUE SUITE 130				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017							X Officer (give title Other (specify below) Principal Financial Officer						
1. Name and Address of Reporting Person* EDDELSON JENNIFER CATHERINE				2. Issuer Name and Ticker or Trading Symbol Newtek Business Services Corp. [NEWT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify					

Explanation of Responses:

- 1. Shares received by Reporting Person pursuant to regular quarterly dividend declared by Issuer.
- 2. Disposition by Reporting Person to Issuer under the Issuer's 2015 Stock Incentive Plan to satisfy tax withholding obligations relating to vesting of Restricted Shares
- 3. Shares received by Reporting Person's spouse, an employee of Issuer, pursuant to regular quarterly dividend declared by Issuer.
- 4. Disposition by Reporting Person's Spouse, an employee of Issuer, to Issuer under the Issuer's 2015 Stock Incentive Plan to satisfy tax withholding obligations relating to vesting of Restricted Shares.

Remarks:

Jennifer Eddelson

01/16/2018

** Signature of Reporting Person

Date

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.