SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL

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

Form 4 Transac	ctions Reported.	File	ed 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 [*] Kirschner Sam			2. Issuer Name and Ticker or Trading Symbol <u>Newtek Business Services Corp.</u> [NEWT]		ationship of Reporting Pe (all applicable) Director	10% Owner		
(Last) 212 WEST 35T	(First) TH STREET	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015		Officer (give title below)	Other (specify below)		
FLOOR 2			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)				X	Form filed by One Re	porting Person		
NEW YORK	NY	10001	_		Form filed by More th Person	an One 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 Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership
		(Monuinday) real)	5)	Amount	(A) or (D)	Price	Issuer's Fiscal Year (Instr. 3 and 4)		(Instr. 4)
Common stock	04/13/2015		J ⁽¹⁾	34	A	\$0.00	48,977	D	
Common stock	07/16/2015		J ⁽¹⁾	926	A	\$0.00	48,977	D	
Common stock	11/03/2015		J ⁽¹⁾	1,183	A	\$0.00	48,977	D	
Common stock	12/31/2015		J ⁽²⁾	8,147	A	\$13.48	48,977	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (o a nute calle warrant ontions anvartible coourities

	(e.g., puts, calls, warrants, options, convertible securities)														
De Se	Title of rivative curity str. 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)	of Deriv	urities uired or posed D) fr. 3, 4		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. This stock was received pursuant to the payment of regular quarterly dividend.

2. This stock was received by the Reporting Person pursuant to a dividend declared by Newtek Business Services Corp. on October 1, 2015. As a result of the dividend, all holders of record of Common Stock on November 18, 2015 received on December 31, 2015, \$2.69 per share payable, at the election of the stockholder, in either all shares of Common Stock or \$0.836 per share in cash and \$1.853 in shares of Common Stock. The price per share of Common Stock issued was based on the Common Stock's volume-weighted average price of \$13.48 per share on the Nasdaq Global Market on December 11, 14 and 15, 2015

Remarks:

Sam Kirschner

01/11/2016 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.