FORM 4

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | |
|--|--|-----|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | hours per response | 0.5 | | | | | | | | | | |

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|--|---|----------|--|---|--|------------|--|--|--------------------|---------|-------------|--|--|---|--|-----------|---------|----------------------|------------|--|
| Name and Address of Reporting Person* Downs Peter Mathison | | | | 2. Issuer Name and Ticker or Trading Symbol Newtek Business Services Corp. [NEWT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| Downs Peter Mathison | | | | | | | | | | | | | 1 | X | Direc | tor | | 10% Ov | vner | |
| (Last) | (= | iret) (1 | Middle) | - | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | X | Officer (give title below) | | | Other (specif below) | | |
| [` ' | | | | | | 03/13/2020 | | | | | | | | | Chief Lending Officer | | | | | |
| 4800 T-REX AVENUE | | | | | | | | | | | | | | | | | | | | |
| SUITE 120 | | | | | | | | | | | | | | | | | | | | |
| (Ctut) | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | ATON E | ר ז | 2/21 | | | | | | | | | | | X | , | | | | | |
| BOCA RATON FL 33431 | | | | | | | | | | | | | | Form | filed by Mo | re than O | ne Repo | orting | | |
| (City) | (5 | toto) (7 | 7in\ | | | | | | | | | | | | Perso | on | | | | |
| (City) | (5 | tate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secur | ities | Acq | uired, | Dis | posed of | f, or Be | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | 4 and Secu Bene | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common stock 03/13/2 | | | | 2020 | | P | | 750 | A | \$13 | .16 | 37 | 7,582 | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owi Fori Dire or li (I) (I | nership m: ect (D) ndirect Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | ı I | | | | | | 1 1 | Amount | 1 | | I | - 1 | | 1 | |

Date Exercisable

Explanation of Responses:

Remarks:

Peter Downs

Expiration Date

03/13/2020

** Signature of Reporting Person Date

Number

of Shares

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.

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