

Mellinger Paul  
Form 4  
May 02, 2018

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Webster Robert

2. Issuer Name and Ticker or Trading Symbol  
Hawaiian Telcom Holdco, Inc.  
[HCOM]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
04/30/2018

Director  10% Owner  
 Officer (give title below)  Other (specify below)

33 RIVERSIDE AVENUE, 3RD FLOOR,

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

WESTPORT, CT 06880

(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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	04/30/2017		A	3,630 (1) \$ 0	10,072	D (4)	
Common Stock					1,153,000	I	See footnotes (2) (3) (4)
Common Stock					1,457,000	I	See footnotes (2) (4) (5)

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. SEC 1474 (9-02)

**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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 5)
--	--	--------------------------------------	--	--------------------------------	---	--	---	--	--

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Webster Robert 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880	X	X		
Twin Haven Special Opportunities Partners III, L.L.C. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880	X	X		See footnote (2)
Twin Haven Special Opportunities Partners IV, LLC C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880	X	X		See footnote (2)
Twin Haven Capital Partners, L.L.C. 33 RIVERSIDE AVENUE, 3RD FLOOR WESTPORT, CT 06880	X	X		See footnote (2)
TWIN HAVEN SPECIAL OPPORTUNITIES FUND III, L.P. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C. 33 RIVERSIDE AVENUE, THIRD FLOOR WESTPORT, CT 06880	X	X		See footnote (2)
Twin Haven Special Opportunities Fund IV, L.P. C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C.	X	X		See footnote (2)

33 RIVERSIDE AVE., 3RD FLOOR  
WESTPORT, CT 06880

Mellinger Paul  
C/O TWIN HAVEN CAPITAL PARTNERS, L.L.C.  
33 RIVERSIDE AVENUE, 3RD FLOOR  
WESTPORT, CT 06880

X

X

See footnote (2)

## Signatures

/s/ Robert  
Webster

05/02/2018

Signature of  
Reporting Person

Date

## 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) See Exhibit 99.1; Note 1.
- (2) See Exhibit 99.1; Note 2.
- (3) See Exhibit 99.1; Note 3.
- (4) See Exhibit 99.1; Note 4.
- (5) See Exhibit 99.1; Note 5.

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.