Edgar Filing: StoneCastle Financial Corp. - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT O Filed pursuant to Section 17(a) of the 30(h)	S SECURITIES AND EXCHANGE C Washington, D.C. 20549 OF CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of) of the Investment Company Act of 194	NERSHIP OF Act of 1934, 1935 or Section Number: 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5			
 (Print or Type Responses) 1. Name and Address of Reporting Person [*]/₂ Shilowitz George (Last) (First) (Middle) 	 Issuer Name and Ticker or Trading Symbol StoneCastle Financial Corp. [BANX] Date of Earliest Transaction 	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
152 WEST 57TH STREET, 35TH FLOOR	(Month/Day/Year) 05/24/2016	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President			
(Street) NEW YORK, NY 10019	4. If Amendment, Date Original Filed(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City) (State) (Zip)	Table I - Non-Derivative Securities Aca	Person uired, Disposed of, or Beneficially Owned			
(Instr. 3) any	-	5. Amount of Securities6. Ownership Form: Direct7. Nature of IndirectBeneficially Owned(D) or Indirect (I)Beneficial OwnershipOwned Following Transaction(s) (Instr. 3 and 4)(Instr. 4)			
Common 05/24/2016 Stock	P 250 A \$ 16.85	11,750 D			
Common Stock		46,321 I Refer to footnote (1)			

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.

Edgar Filing: StoneCastle Financial Corp. - Form 4

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	Relationships ss					
	Director	10% Owner	Officer	Other		
Shilowitz George 152 WEST 57TH STREET 35TH FLOOR NEW YORK, NY 10019	Х		President			
Signatures						
/s/ George Shilowitz	05/26/2016					
******	D .					

**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).

Common Stock was purchased in the transaction by George Shilowitz. Following the transaction, 11,750 shares of Common Stock are owned directly by George Shilowitz and 46,321 share of Common Stock are owned by StoneCastle Asset Management LLC (4,811

shares of Common Stock) and its parent StoneCastle Partners, LLC (41,510 shares of Common Stock). George Shilowitz is a Managing (1) Partner of Stone Castle Partners, LLC which is the 100% owner of StoneCastle Asset Management LLC, and is a Manger of StoneCastle Asset Management LLC, and has the power to direct voting and investment in the shares owned by StoneCastle Asset Management LLC. Mr. Shilowitz disclaims beneficial ownership of shares held indirectly except to the extent of his pecuniary interest therein.

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.