SEC Form 4
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## FORM 4

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

OMB APPROVAL

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed 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*  2. Issuer Name and Ticker or Trading Symbol  5. Relationship of Reporting Person(s) to Issuer    GLAZER AVRAM A		г	Table I - Non-Deriva	tive Securities Acquired, Disposed of, or Bene	ficially	Owned			
GLAZER AVRAM A  HC2 HOLDINGS, INC. [HCHC]  (Check all applicable)  X  Director  X  10% Owner    (Last)  (First)  (Middle)  3. Date of Earliest Transaction (Month/Day/Year)  Officer (give title  Other (specify below)    C/O WOODS OVATT GILMAN LLP  06/01/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)    (Street)  ROCHESTER  NY  14614  Form filed by One Reporting Person Form filed by More than One Reporting	(City)	(State)	(Zip)						
Invalue and Address of Reporting Feison    GLAZER AVRAM A    (Last)  (First)    (Middle)    C/O WOODS OVATT GILMAN LLP    700 CROSSROADS BUILDING        4. If Amendment, Date of Original Filed (Month/Day/Year)    6. Individual or Joint/Group Filing (Check Applicable)	l , ,	NY	14614		1 1	Form filed by More	•	0	
GLAZER AVRAM A  HC2 HOLDINGS, INC. [HCHC]  (Check all applicable)  X  Director  X  10% Owner    (Last)  (First)  (Middle)  06/01/2021  06/01/2021  Other (specify below)  Other (specify below)	700 CROSSROADS BUILDING			4. If Amendment, Date of Original Filed (Month/Day/Year)	1 01 11				
GLAZER AVRAM A  HC2 HOLDINGS, INC. [HCHC]  (Check all applicable)  X  Director  X  10% Owner    (Last)  (First)  (Middle)  3. Date of Earliest Transaction (Month/Day/Year)  Officer (give title below)  Other (specify below)									
GLAZER AVRAM A HC2 HOLDINGS, INC. [HCHC] (Check all applicable)		· · /	· · · ·		1				
	GLAZER AVRAM A		erson*	8,9	(Check	all applicable)			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4			Beneficially Owned Following	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	06/01/2021		<b>p</b> (1)		971	A	\$4	2,807,661	Ι	Avram Glazer Irrevocable Exempt Trust <sup>(2)</sup>

## 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. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	vative rities lired r osed ) r. 3, 4	Expiration Date (Month/Day/Year)		Expiration Date Amount of			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The share purchase reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 17, 2021.

2. The reported shares were acquired by the Avram Glazer Irrevocable Exempt Trust (the "Trust"). Reporting person is the Trustee of the Trust, and in such capacity may be deemed to beneficially own the shares held of record by the Trust.

**Remarks:** 



\*\* Signature of Reporting Person Date

06/03/2021

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.