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Sheldon Mich	hael Joseph										
Form 4											
August 22, 20	017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
	UNITE	CD STATES		ITIES Al hington,			NGE (COMMISSION	OMB Number:	3235-0287	
	Check this box							Expires:	January 31,		
if no longer white the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP						NERSHIP OF	200				
Section 16	Section 16. SECURITIES						Estimated average burden hours per				
Form 4 or Form 5		numericant to	Section 14	f(a) = f(b)	Conniti	ac Er	rohond	hat af 1024	response 0.		
obligation	· · · · · · · · · · · · · · · · · · ·	L		• •				ge Act of 1934, f 1025 or Sectio			
may conti	nue.) of the Inv	-	-			f 1935 or Sectio	/11		
See Instru 1(b).	ction	50(II)) of the m	vestment	company	y Act	0117	+0			
1(0).											
(Print or Type R	lesponses)										
	ddress of Report	ing Person <u>*</u>	2. Issuer	Name and	Ticker or T	Fradin	g	5. Relationship of	f Reporting Per	son(s) to	
Sheldon Mic	chael Joseph		Symbol					Issuer			
			B. Riley	Financial	l, Inc. [R	ILY]		(Cheo	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(chie	in an approach	•)	
			(Month/Da	ay/Year)				X_ Director		Owner	
	EY FINANCI		08/18/20)17				Officer (give below)	e title Oth below)	er (specify	
	BANK BLVD	, SUITE						below)	0010w)		
400											
	(Street)		4. If Amer	ndment, Dat	e Original			6. Individual or J	oint/Group Filin	1g(Check	
	th/Day/Year)				Applicable Line)						
								_X_Form filed by			
WOODLAN	ID HILLS, CA	A 91367						Person	More than One Re	eportung	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dec	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	ear) Executi	Code Disposed of (D)					Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month						Beneficially Owned		Beneficial Ownership	
		(Ivionui	/Day/Year)	(Instr. 8)	(Instr. 5,	4 and	3)	Following	(Instr. 4)	(Instr. 4)	
								Reported	((
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/18/2017			А	2,606 (1)	A	\$0	2,606	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

De Se	Title of erivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code N	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Sheldon Michael Joseph C/O B. RILEY FINANCIAL, IN BURBANK BLVD, SUITE 400 WOODLAND HILLS, CA 9136		Х							
Signatures									
/s/ Michael Joseph 08/		2/2017							
**Signature of Reporting Person	Ι	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) Represents a restricted stock unit that settles in common stock of the Company and vests in full on the earlier of June 1, 2018, or the Company's next Annual Shareholder Meeting.

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.