Clearfield, I	nc.											
Form 4												
August 23, 2	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	MB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th	aer								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Estimated average			
Section 16. SECURITIES								burden hou	~			
Form 4 o Form 5			a . 1		a .				response	0.5		
obligatio	-	•					-	e Act of 1934,				
may con	tinue. Section I			•	•	· ·		1935 or Section	1			
See Instr	uction	50(II)	of the m	vestment	Compan	ly Ac	1 01 194	-0				
1(b).												
(Print or Type	Responses)											
1. Name and A	Address of Reporti	ing Person *	2 Issue	r Name and	Ticker or	Tradi	nσ	5. Relationship of	Reporting Pers	son(s) to		
HERZOG I	-	e -	Symbol	r Name and Ticker or Trading				Issuer				
			2	eld, Inc. [CLFD]								
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Ch					(Chec.	k all applicable)			
× /	. ,			Day/Year)				Director 10% Owner				
7050 WINNETKA AVE. N., SUITE 08/21/2				-				X Officer (give title Other (specify below) below)				
100								Chief Financial Officer				
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	int/Group Filir	1g(Check		
				nth/Day/Year)				Applicable Line)				
X Form filed by O								ne Reporting Person ore than One Reporting				
BROOKLY	'N PARK, MN	55428						Person	lore than One Ke	porung		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2 Transaction I	Date 2A Dee		3.			_	5. Amount of	6. Ownership	-		
Security				3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	Form: Direct			
(Instr. 3) any			Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially		Beneficial			
(Month/Day/Year)							Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
						(Λ)		Reported	(115411-1)	(induitit)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/21/2016			F(1)	503	D	\$	76,127	D			
Stock							18.07	,				
Common Stock	08/23/2016			F <u>(2)</u>	1,975	D	\$ 18.01	74,152	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.

Edgar Filing: Clearfield, Inc. - 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 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 / Address	Relationships							
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other				
HERZOG DANIEL R 7050 WINNETKA AVE. N. SUITE 100 BROOKLYN PARK, MN 55428			Chief Financial Officer					
Signatures								
Randy Dehmer by Power of Attor Herzog	ney for D	aniel R.	08/23/2016					

**Signature of Reporting Person

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) Payment of tax by withholding shares on vesting the second 10% of restricted stock that was granted on August 21, 2014.

(2) Payment of tax by withholding shares on vesting the fourth 20% of restricted stock that was granted on August 23, 2012.

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.

Date