Edgar Filing: First Financial Northwest, Inc. - Form 4

| Form 4 | al Northwest, Ir | ıc. | | | | | | | | | |
|---|--------------------------------------|--|--|--|---------------------------------------|--|---|--|--|--|--|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue | | MENT Of ursuant to S 7(a) of the | S SECURITIES AND EXCHANGE CO 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 1940 | | | | | NERSHIP OF e Act of 1934, f 1935 or Section | OMB Number: Expires: Estimated a burden hou response | - | |
| (Print or Type I | Responses) | | | | | | | | | | |
| Faull Gary FSymlFirst | | | Symbol | Name and nancial N | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 201 WELLS | (First) | (Middle) UTH | 3. Date of (Month/D 06/15/20 | - | ransaction | | | X_ Director Officer (give below) | | Owner er (specify | |
| | | | endment, Date Original nth/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 Person | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-I | Derivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | r) Executio any | med | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or D (Instr. 3, | ties A ispose 4 and (A) or | cquired d of (D) | 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 Indirect Beneficial | |
| Common Stock, \$0.01 par value ⁽¹⁾ | 06/15/2016 | | | A | 2,342 | A | \$ 12.81 | 76,342 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orfNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: First Financial Northwest, Inc. - Form 4

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|---|-----------|---------------|-----------|---------|-------|--|--|--|
| ForB o | | ector | 10% Owner | Officer | Other | | | |
| Faull Gary F 201 WELLS AVENUE SO RENTON, WA 98057 | JTH | X | | | | | | |
| Signatures | | | | | | | | |
| /s/ Gary F. Faull | 06/15/201 | 6 | | | | | | |
| **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) Restricted stock awarded to the Reporting Person pursuant to the First Financial Northwest, Inc. 2016 Equity Incentive Plan in lieu of director fees. The restricted stock is fully vested upon award.

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.