Sabes Jon Form 5 February 13, 2019

#### **OMB APPROVAL** FORM 5 OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per **OWNERSHIP OF SECURITIES** 5 obligations

See Instruction
1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
Reported
Form 4 30(h) of the Investment Company Act of 1940

Transactions Reported

may continue.

1. Name and Address of Reporting Person * Sabes Jon  (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol GWG Holdings, Inc. [GWGH] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018			Is d _ _	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  _X_ Director 10% Owner _X_ Officer (give title Other (specify				
220 SOUTI SUITE 120	H SIXTH STREE 0	ET,					bo	below) below) Chief Executive Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6	6. Individual or Joint/Group Reporting  (check applicable line)			
MINNEAP	OLIS, MN 55	5402					_	X_ Form Filed by Form Filed by erson	One Reporting More than One		
(City)	(State)	(Zip)	Tab	le I - Non-De	rivative Secu	ırities	Acqui	red, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securitie (A) or Disp (Instr. 3, 4)	osed c	of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	Â	Â		Â	Â	Â	Â	743,840	I	By Trusts	
Common Stock	Â	Â		Â	Â	Â	Â	102,191	I	By family members who reside in the Reporting Person's	

Household

response...

1.0

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.			Persons w	SEC 2270 (9-02)					
Common Stock	12/07/2018	Â	G	100,000	D	\$ 0	1,129,546	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	100,000	I	Insurance Strategies Fund, LLC

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

the form displays a currently valid OMB control number.

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Sabes Jon 220 SOUTH SIXTH STREET, SUITE 1200 MINNEAPOLIS, MN 55402	ÂX	Â	Chief Executive Officer	Â			
Signatures							
/s/ Craig Opp, as Attorney-in -fact for Jon Sabes	02/13/2	2019					
**Signature of Reporting Person	Date	e					

## **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) Held by certain trusts, of which the Reporting Person is a beneficiary.

**(2)** 

Reporting Owners 2

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A Delaware limited liability company managed by ISF Management, LLC, a Delaware limited liability company, of which the Reporting Person is a manager. The Reporting Person disclaims beneficial ownership of the shares held by Insurance Strategies Fund, LLC, except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all the reported shares for the purposes of Section 16 or for any other purpose.

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#### **Remarks:**

Exhibit 24.1 updated Power of Attorney form attached.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.