Edgar Filing: Behrent Matthew K - Form 4

| Behrent Matthew K | | | | | | | | | | | |
|---|---------------------|---------------------------------|---|------------------------------------|------------------|----------------|--|--|---|--|--|
| Form 4 | | | | | | | | | | | |
| January 04, 2019 | | | | | | | | | | | |
| FORM 4 | л статр | SECUD | TTIES AT | | TT A R | NCE | COMMISSION | | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this box | | | | | | | January 31, | | | | |
| if no longer subject to Section 16. STATEMENT OF CHANG | | | | ES IN BENEFICIAL OWN SECURITIES | | | | Expires: Estimated a | 2005 average | | |
| Form 4 or | | | | | | | burden hou response | • | | | |
| obligations | 17(a) of the | | ility Hold | ing Com | pany | Act o | ge Act of 1934, f 1935 or Sectic 40 | | | | |
| (Print or Type Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person * Behrent Matthew K2. Issuer Symbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | TENGA | SCO INC | C [TGC] | | | (Che | ck all applicable | e) | | |
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction | | | | | | | | | |
| 8000 E. MAPLEWOOD A SUITE 130 | AVE., | (Month/Da 01/02/20 | - | | | | Director Officer (give below) | | b Owner er (specify | | |
| (Street) | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | nth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| GREENWOOD VILLAGE, CO 80111 | | | | | | | Person | More than One Re | eporting | | |
| (City) (State) | (Zip) | Table | e I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction (Month/Day/Y) | ear) Executi any | on Date, if | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | |) | SecuritiesIBeneficially(OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common 01/02/2019 Stock | | | J <u>(1)</u> | 500 | А | \$0 | 60,900 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Relationships

10% Owner Officer Other

Edgar Filing: Behrent Matthew K - Form 4

Reporting Owners

Reporting Owner Name / Address

Behrent Matthew K 8000 E. MAPLEWOOD AVE., SUITE 130 GREENWOOD VILLAGE, CO 80111

Signatures

/s/ Matthew K. 01/04/2019 Behrent

**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).

Director

(1) Grant of stock pursuant to Tengasco, Inc. 2018 Stock Incentive Plan.

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.