## Edgar Filing: FIRST BUSINESS FINANCIAL SERVICES, INC. - Form 4

FIRST BUSINESS FINANCIAL SERVICES, INC.

Form 4

November 18, 2015

<b>FORM</b>	ЛΔ								OMB AF	PPROVAL	
	Washington, D.C. 20549							OMB Number:	3235-0287		
Check the	ger STATEN	MENT OI	OF CHANGES IN BENEFICIAL OWN					NERSHIP OF	Expires:	January 31 2005	
Section	subject to Section 16. Form 4 or								Estimated average burden hours per response		
Form 5 obligation may con <i>See</i> Instraction 1(b).	ons Section 170	(a) of the	Public U		ding Co	mpan	y Act of	e Act of 1934, 1935 or Section 0	· I		
(Print or Type	Responses)										
BURKE JOAN A Syr			Symbol	er Name <b>an</b>			_	5. Relationship of Reporting Person(s) to Issuer			
	FIRST BUSINESS FINANCIAL SERVICES, INC. [FBIZ]					(Check all applicable)					
(Mo				of Earliest T Day/Year) 2015	ransaction	ı		Director 10% Owner _X_ Officer (give title Other (specify below)  President of Bank Trust Div.*			
Filed				endment, D onth/Day/Yea	_	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MADISON	, WI 53/19							Person	ore than one re	porung	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	11/17/2015			S	2,000	D	\$ 25.5284	28,745 (1)	D		
Common Stock								3,600 (1)	I	By IRA	
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	•		•	ndirectly.	ion of S	EC 1474	

information contained in this form are not

required to respond unless the form displays a currently valid OMB control

number.

(9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	or Title Number of			
						Exercisable					
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

**BURKE JOAN A 401 CHARMANY DRIVE** MADISON, WI 53719

President of Bank Trust Div.\*

## **Signatures**

Kathy A. Hayes (pursuant to Power of Attorney previously filed)

11/18/2015

\*\*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).
- On August 7, 2015, the Board of Directors of First Business Financial Services, Inc. (the "Company") declared a two-for-one stock split of the Company's Common Stock in the form of a 100% stock dividend payable on August 28, 2015 to shareholders of record at the close of business on August 18, 2015. The reported amount has been adjusted to reflect this two-for-one stock split.

#### Remarks:

\*Joan A. Burke is President of First Business Bank's Trust Division.

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.

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