SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| | | | of Section So(n) of the investment Company Act of 1940 | | | | | | |
|--|----------|--|---|----------------------------|--|------------------|--|--|--|
| 1. Name and Address of Reporting Person [*] KING T SCOTT | | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>FlexShopper, Inc.</u> [FPAY] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | <u> </u> | X | Director | 10% Owner | | | |
| (Last) (First) C/O FLEXSHOPPER, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2019 | | Officer (give title below) | Other (specify below) | | | | |
| 2700 NORTH MILITARY TRAIL, STE. 200 | | CAIL, STE. 200 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Filing (Check Applicabl | | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | |
| BOCA RAT | 'ON FL | 33431 | _ | | Form filed by More th Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|---|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|------------------------|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Common Stock Option | \$0.86 | 04/23/2019 | | A | | 60,000 | | 04/23/2020 | 04/23/2029 | Common Stock | 60,000 | \$0 | 60,000 | D | |
| Common Stock Option | \$0.86 | 04/23/2019 | | A | | 53,200 | | (1) | 04/23/2029 | Common Stock | 53,200 | \$0 | 53,200 | D | |

Explanation of Responses:

1. One-fourth of the Common Stock Option was exercisable upon grant and the remaining portion vests in three equal quarterly installments beginning on June 30, 2019.

/s/ T Scott King by Ka'imi

05/01/2019 Jones, as attorney-in-fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | |
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| hours per response: | 0.5 | | | | | |