SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Hilario Emanuel P.N.	2. Date of Event Requiring Stateme Month/Day/Year) 05/28/2019	ent 🔽	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>TRANSACT TECHNOLOGIES INC</u> [ TACT ]						
(Last) (First) (Middle) 5880 S. CLAYTON CT				tionship of Reporting Persc all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) GREENWOOD VILLAGE (City) (State) (Zip)				Officer (give title below)	Other (spe below)		oplicable Line) X Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4) For or I		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		lature of Indirect Beneficial Ownership tr. 5)		
Common Stock				0	D				
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)									
Expi		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security		4. Conversio or Exercis	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:		Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

David B. Peters, Attorney-in-

<u>fact</u>

06/07/2019

\*\* 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 5 (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.